Blue Chip User Guide

Last updated: October 2011

Health Communication Network

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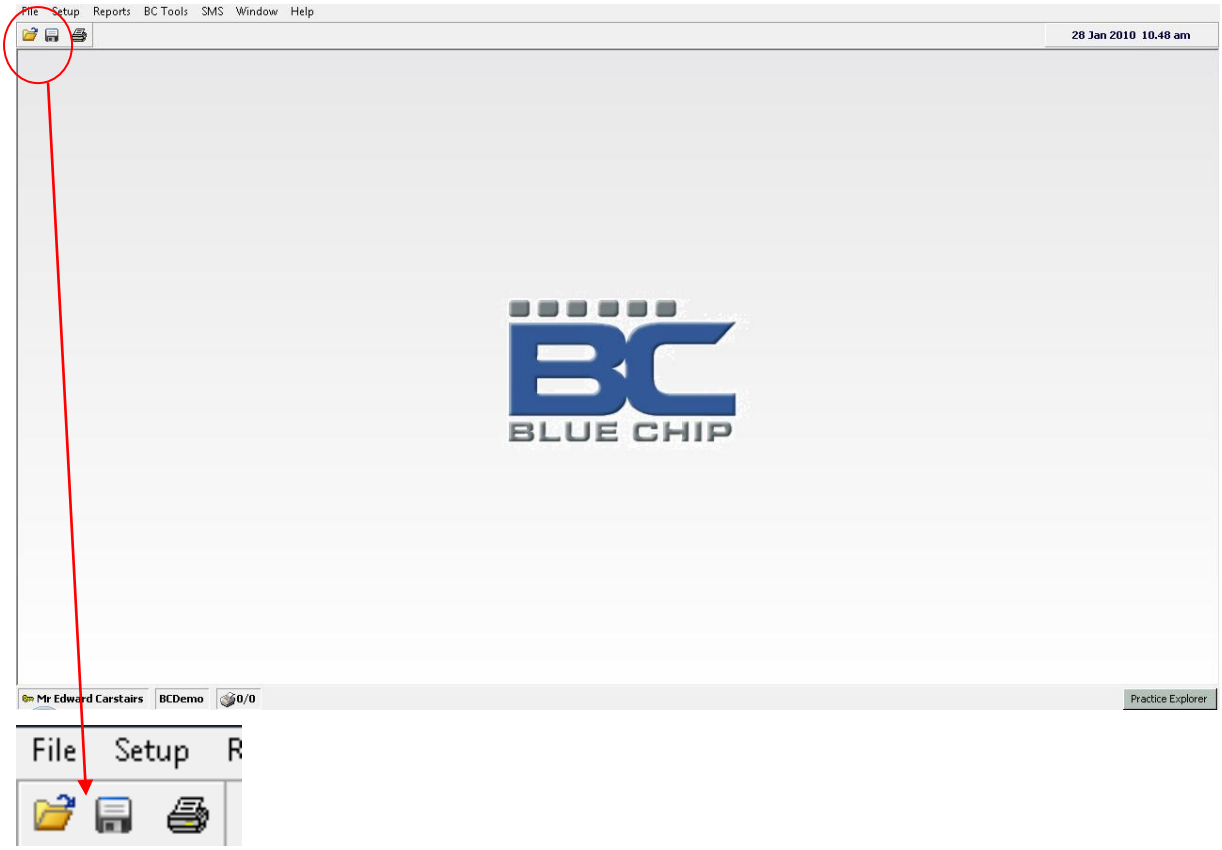
Patient Records

Opening an Existing Patient's File

1. Select the Open Envelope Folder to Open



2. Type in the required surname in the Search For slot to check if the Patients' details have already been recorded. Alternatively, type a comma followed by the patient's given name (see over).

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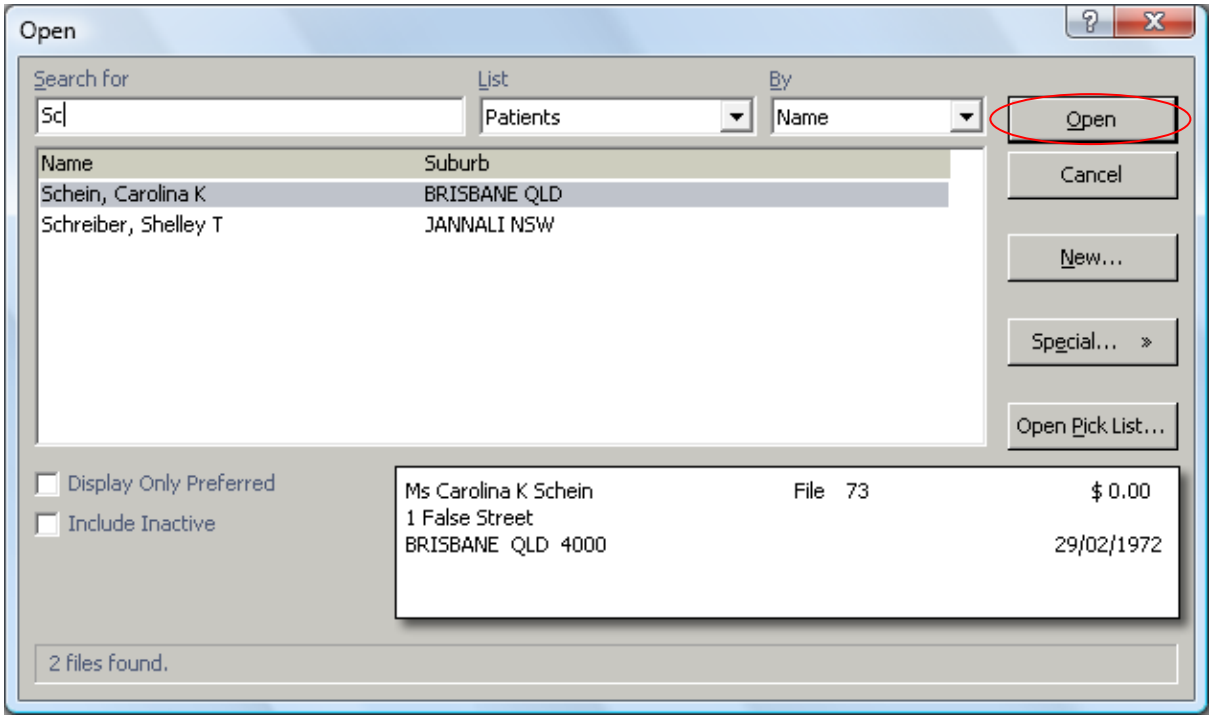
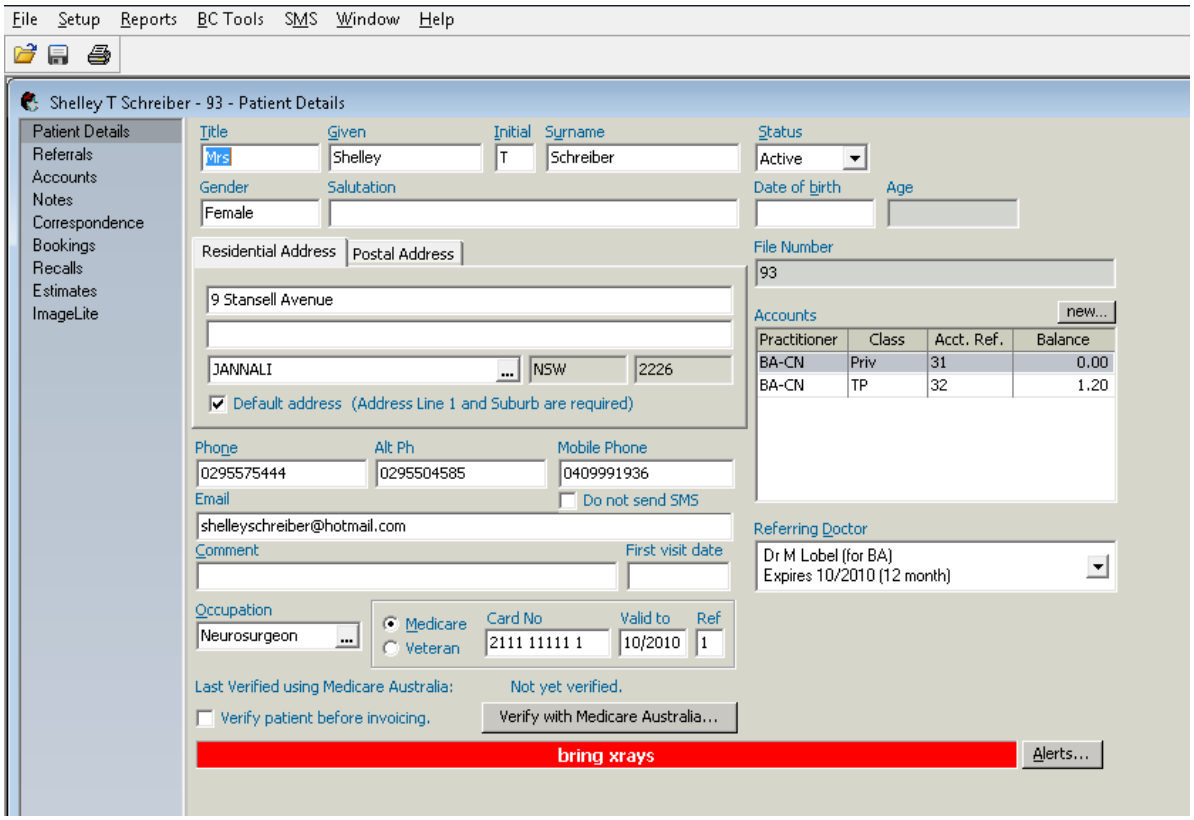


3. Left click to select the required patient (it will highlight blue). If a list of patients results, click on the Open Button (see above) to open the patient's file (see below).



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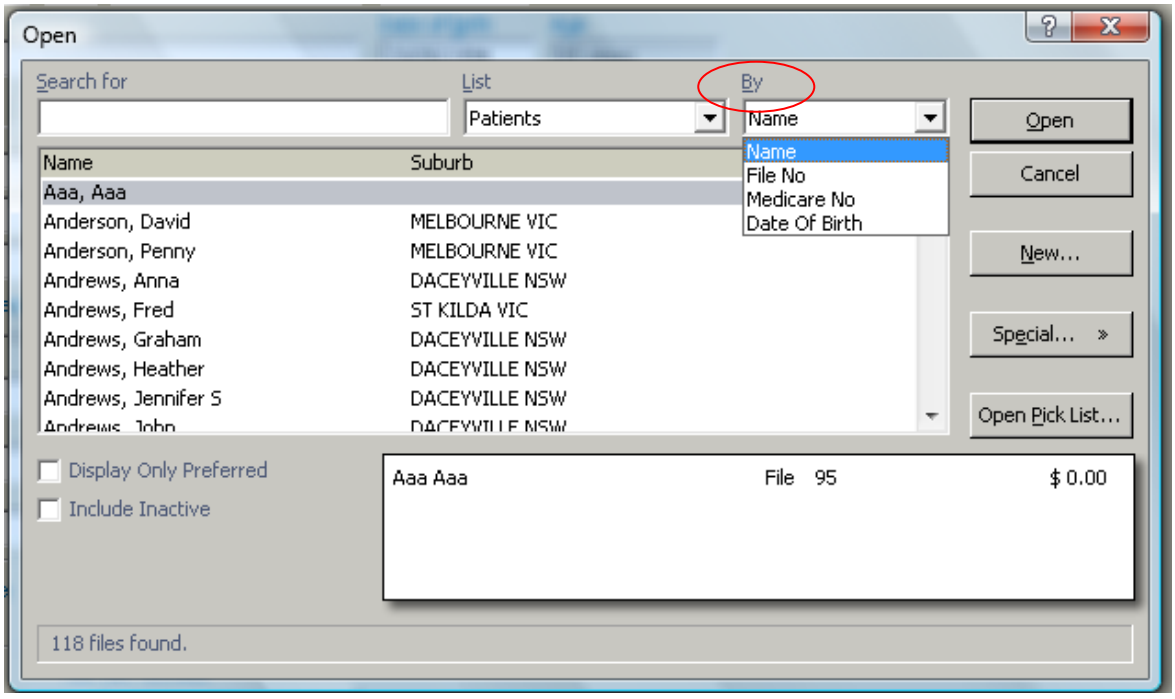
Other methods for searching for Existing Patients



File Numbers

You can search for a patient by File No. Click on the "By" and select the drop-down arrow and select File No, click back in the search field and type the File number of the patient you wish to search for.

Medicare Number

Click on the drop-down arrow and select Medicare No, click back in the search field and type the Medicare card number of the patient you wish to search for. You need to include spaces to match the Medicare Number formatting.

This feature is particularly useful when you receive a Medicare cheque from someone who has torn off the detailed information at the top.

Date of Birth

You can search for a patient by their date of birth, select the drop down arrow and select Date of Birth, click in the Search to enter the day/month/year. As an example, 3/3/1971 will display all patients born on this date.

Invoice/Receipt

Hold [Ctrl] + [L] to bring up the following search dialog box. This can be useful when insurance companies for example send cheques that quote the invoice but not the patient's name.

- Click the required option
- Type the reference number
- Click Find

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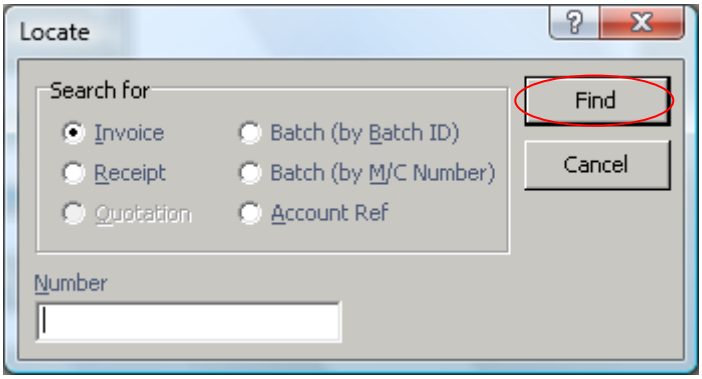
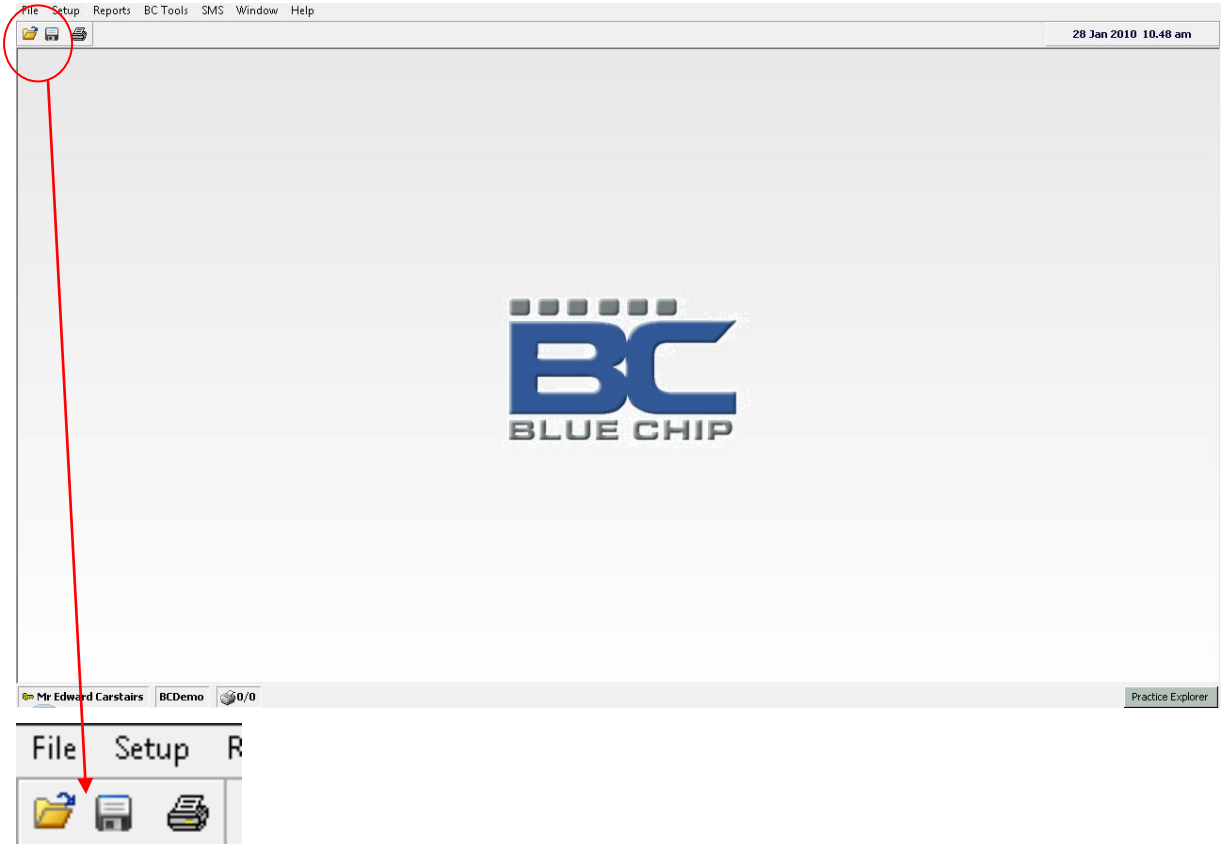


Creating a New Patient File

1. Click the Open Envelope folder



2. Type in the required surname to check if the Patients' record already exits.

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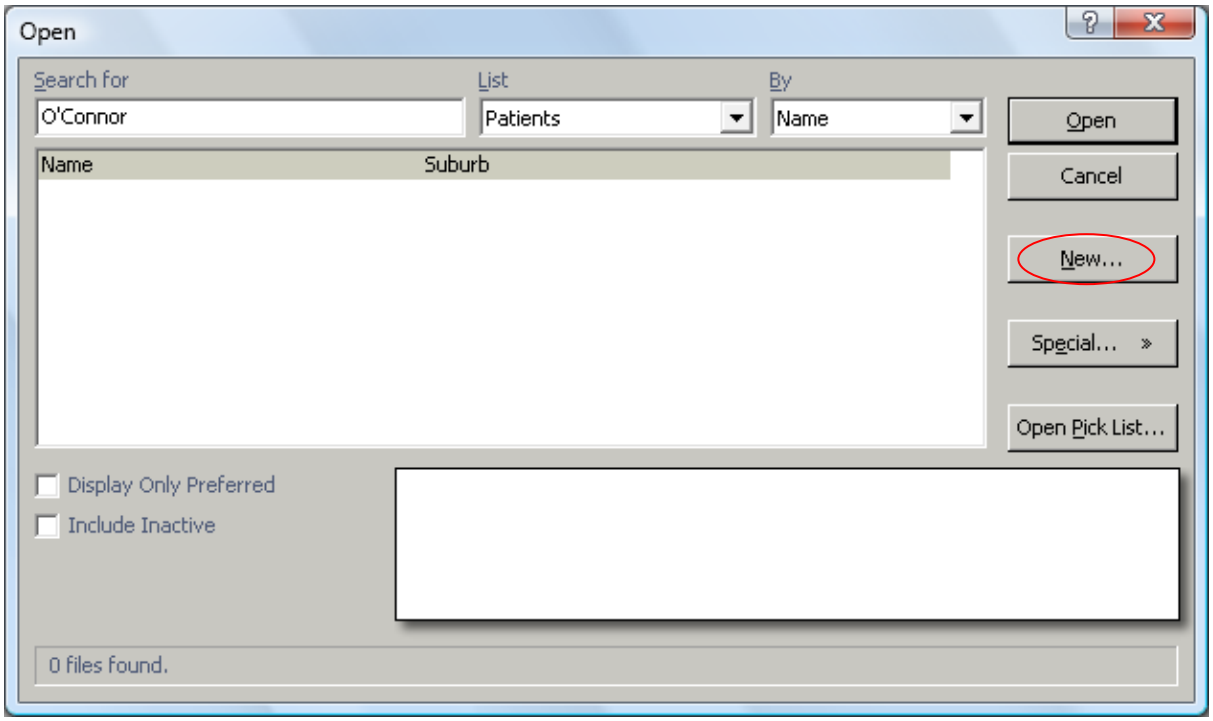
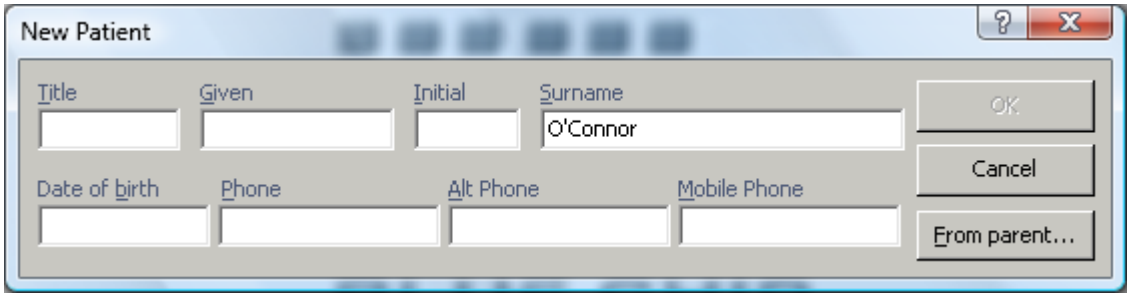


3. Click New



4. Complete the new patient screen.
   Blue Chip will work with as little as a Given and Surname however it is advisable to at least take the Patient's Surname, Given Name and contact phone number(s) and Date of Birth to help avoid creating duplicate patient files.
5. Click OK

From this, a patient record is created (see over). The remaining details can be filled in when the information becomes available.

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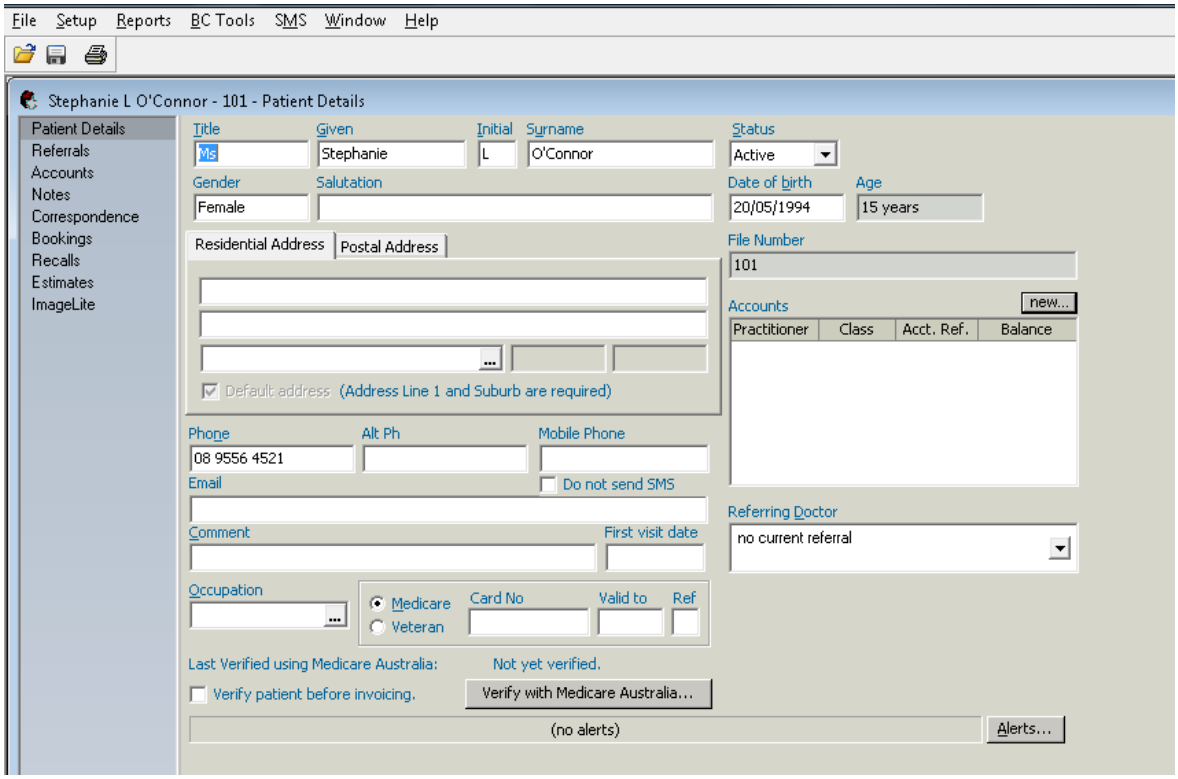
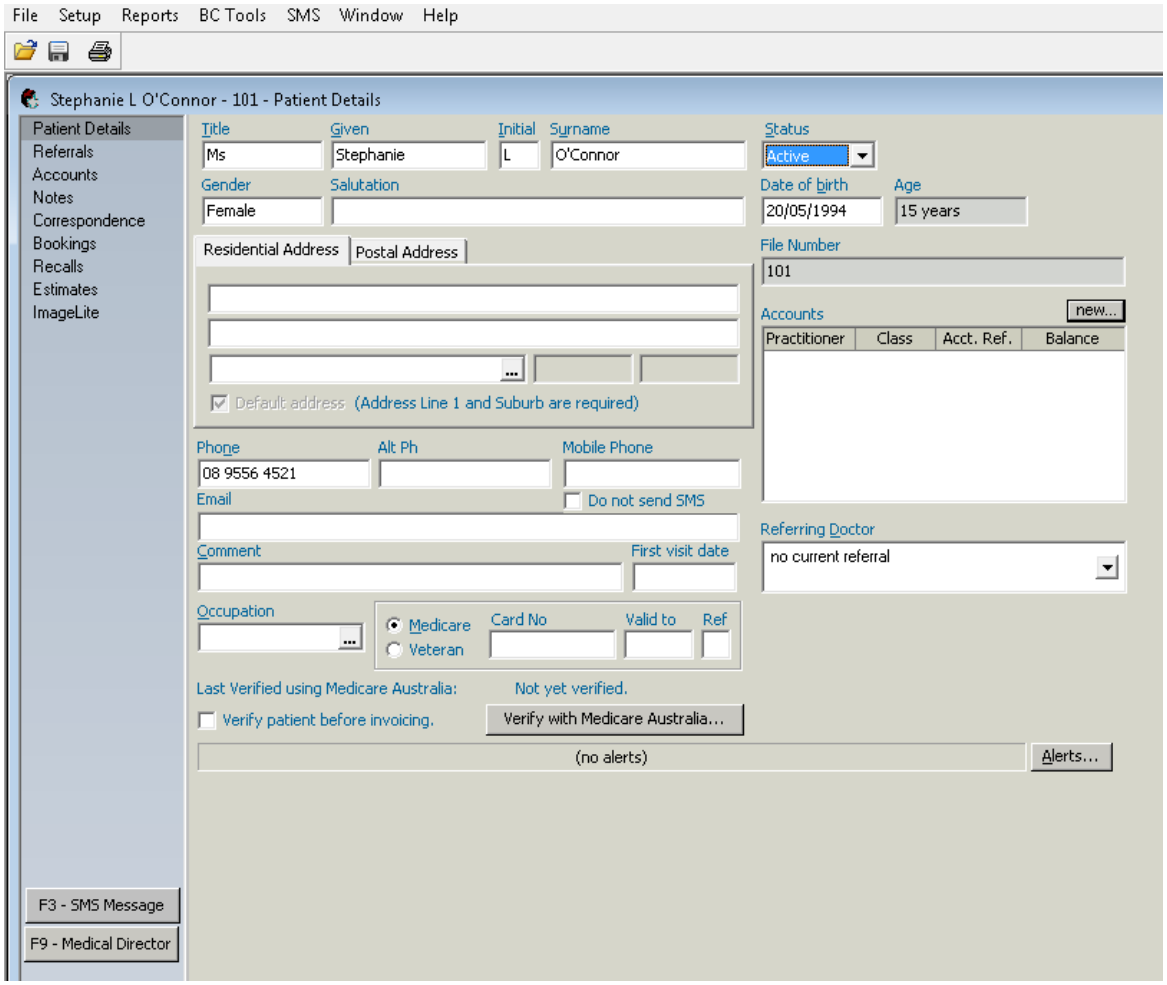


The Patient Detail's Screen



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Residential/Postal Address

Blue Chip allows for Residential addresses to be recorded as per Medicare Australia requirements and also allows recording of Postal Addresses. The residential address is defaulted as the patient's primary mailing address however by entering a postal address, Blue Chip changes the primary mailing address accordingly.

All Address fields in Blue Chip have three lines. All addresses will require an entry in both the first and third lines (the third line is only for suburb, state and postcode). Many addresses however, will not require the middle line – in these cases after entering the relevant details in the first line, hit the [Tab] key twice to take you to the third line where you should enter the suburb. If you look closely at this line, you will notice that there is a button with three dots.

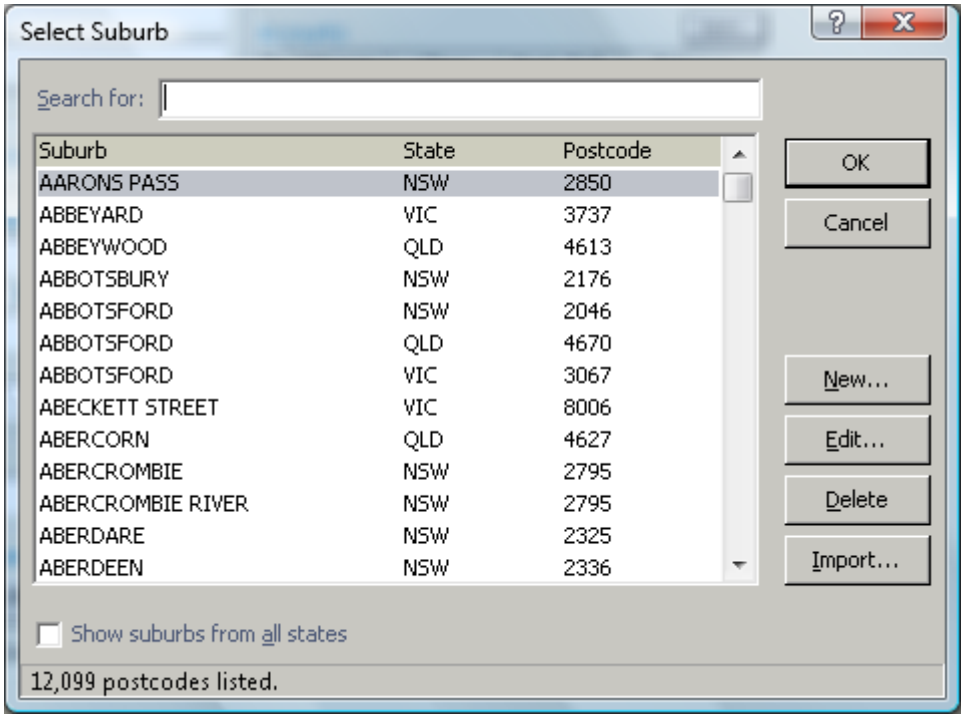
A button with three dots always indicates that there is a list from which to choose. In this case, the list contains every suburb and postcode in the Australia Post index. When you have finished typing in the suburb hit the [Tab] key.

A list of all suburbs will appear and then one of two courses of action can be taken. If the suburb name does not appear on the list, then it is likely that it is a suburb from another state.

If the suburb you are searching for is in a state from which you do not usually draw patients, click in the "Show suburbs from all States" check box, to make sure that the suburb is definitely not already in the database.

Adding a New Suburb/Postcode

If you are certain that the suburb is not already in the database, you can add it by clicking on the New button and entering this suburb, along with its state and postcode (note that the program will accept international suburbs with postcodes of more than 4 digits).



Clicking on the OK button will then add this suburb to the list, and clicking on the OK button again will select this suburb.

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If the desired suburb does appear on the list, but you have not yet found a unique match, eg you have typed Bondi, which finds multiple possible matches such Bondi, Bondi Beach, the suburb dialog box will pop up with the first match (alphabetically) highlighted.

Simply use the down arrow on the keyboard or click on the scroll bar to find the suburb you are after and click on the OK button once that suburb is highlighted. Again, this will move your cursor to the Phone field.

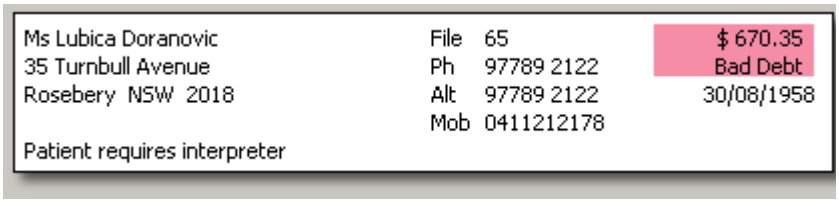
The suburb postcode list can be updated for all states by downloading the file from the Australia Post website in a .csv format. The Import button is used to import the file. Please contact Support on 1300 300 161 Option 2 for help.

Contact Numbers

The phone numbers have probably already been entered for this patient, so you can tab through to the next empty field and continue. If one or both phone number fields are empty and you wish to fill those fields now, then type in the numbers and hit the [Tab] key to take you to the next field. The Email field is optional and do not print on labels.

Comments

Next is the Comment field, designed as a quick reference field for any general information regarding your patient. It is especially useful, as whatever comment is entered in this field will appear in the Details Summary Box (patient information) displayed in the Open File Dialog Box (Search screen).



First Visit Date

The First visit date field is used to record the date that the patient has/had their first appointment with the practice.

Occupation & Email

These fields are optional. If the Email field appears on your screen, a patient's email address can be recorded there and used with correspondence. If the Occupation field appears on your screen, you will notice it has a button with three dots on it (a list). This is a user defined list, which is blank when used for the first time. After filling this field, hit the [Tab] key to move your cursor to a radio button next to the word Medicare.

Medicare/Veterans Affair Numbers

To enter a Medicare number:

Press the [Tab] key and enter the number. A 'Valid To' date and Ref number will also need to be entered. If a number is entered that does not fit the algorithm by which Medicare numbers are created, then the number entered will disappear as you hit the [Tab] key to take you to the next field.

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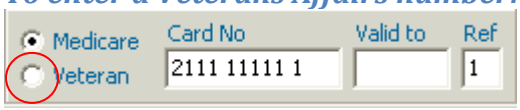
To enter a Veterans Affairs number:



Click with your mouse on the small, round, radio button next to the word Veterans

Press [Tab] key & enter the number, or when your cursor is in the form of a square around the word Medicare button, hit the down arrow on the keyboard, hit the [Tab] key & enter the number.

Online Patient Verification (OPV)

This will check the identity credentials of the patient at the practice against the data held by Medicare Australia. To use this function, the practice will require a broadband internet connection and be registered with Medicare Australia to do online billing; however Blue Chip will work without this function being active.

Last Verified using Medicare Australia Online: Not yet verified.
Verify with Medicare Australia Online before invoicing.
Verify Now...

File Numbers

The File numbers window appears just under the birth date panel. File number can be set up in any one of three ways:

If file numbers have been turned off, File Number will be grayed out.

If file numbers are to be automatically generated, a file number will appear for each new patient based on the criteria requested at setup time. Examples are 1234, EC1234 or 06031234. Blue Chip will not accept zeros as in the example 0001 whilst set for automatic numbering. It is recommended that the length be kept as small as possible, especially if interfacing with Blue Chip's Day Surgery Module that has an eight alpha/numeric limit in accordance with government standards.

If file numbers have been set up to be manually assigned, the field appears blank. Please note that the File Number field is approximately 15 characters long and not the whole field.

Accounts and Referrals are covered in separate Modules.

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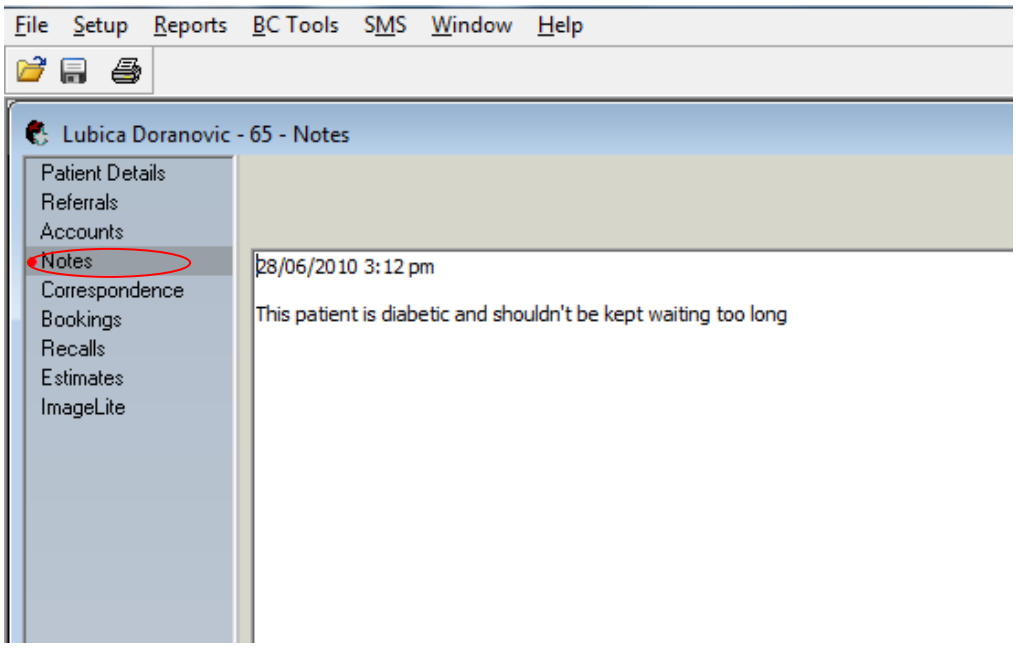
Patient Notes

The Notes module is a free-text area and is for secretaries to store general text information related to a patient in their file. This module can be used to provide you with easily accessible and current information, saving you the need to constantly refer to physical files. The Notes module was designed with general information in mind, such as whether or not the patient is/are a bad payer, or if they require an interpreter, or for information regarding test results, etc.

To view notes

1. Click Notes in the Margin Menu of the desired patient's file.
2. To add a note
3. Click Notes in the Margin Menu
4. Click Timestamp to enter the current date and time the note was entered (if important).
5. Click in the Features Box and start typing.
6. Click on the Save button or [Ctrl] + [S]

You will notice that this action causes a red dot to appear next to the heading Notes, in the Margin Menu. This is a visual cue for you to know that there is an entry in the patient's Notes module. Once you decide that this note is no longer relevant, use the mouse to select the text you no longer need and delete it. If you delete some or all of the notes for a patient, clicking on the Save tool button will prompt you to accept the changes (deletions).



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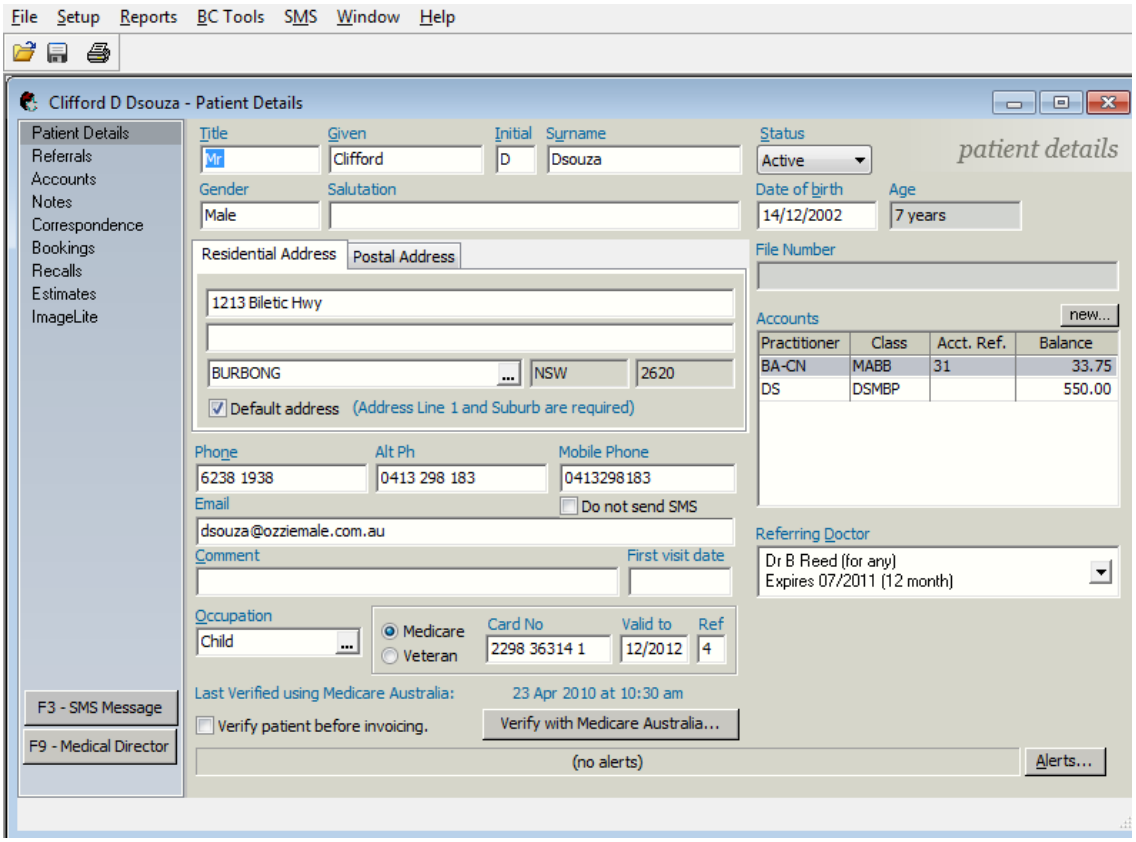
Referrals

Referrals can be entered via the Referrals screen within the patient's file or from the Referring Doctor's panel on the main Patient Details screen.

1. From the patient's file click the Referrals menu item from the left margin or the drop down menu as shown.



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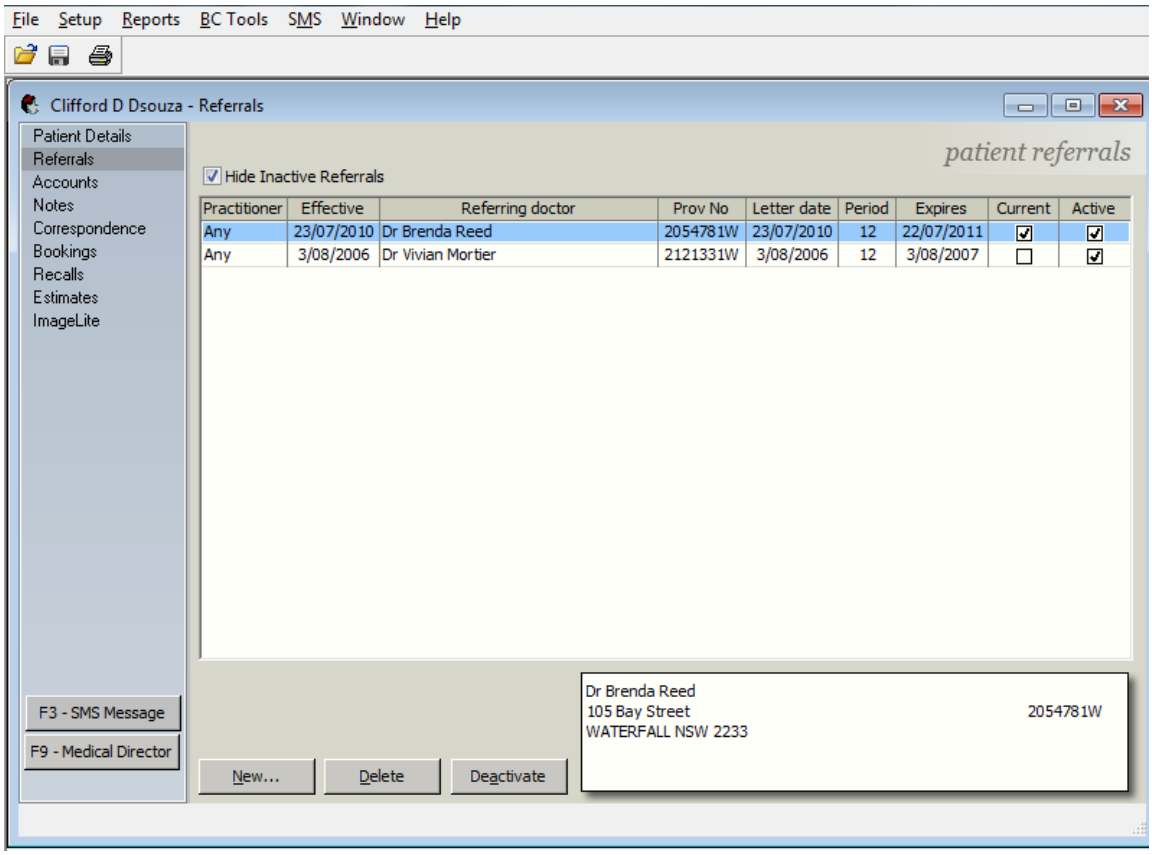
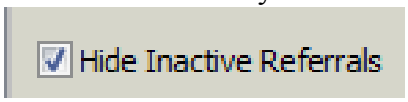


The referrals list shows all current and active referrals associated with the patient.

Clicking the deactivate button, deactivates an active referral and hides the referral from view, but can be viewed by deselecting the 'Hide inactive referral' check box.



If a referral is deactivated by mistake, display the inactive referrals button (by ensuring the Hide Inactive Referrals checkbox is deselected) and click the Activate button. This will reactivate the referral (see over for example).

A referral cannot be edited once it is entered into the system. If a mistake is made keying in referral details (for example, wrong referral commencement dates or wrong Doctor Provider number in relationship to their consulting location), the referral must be Deleted (by pressing the Delete button) and re-entered.

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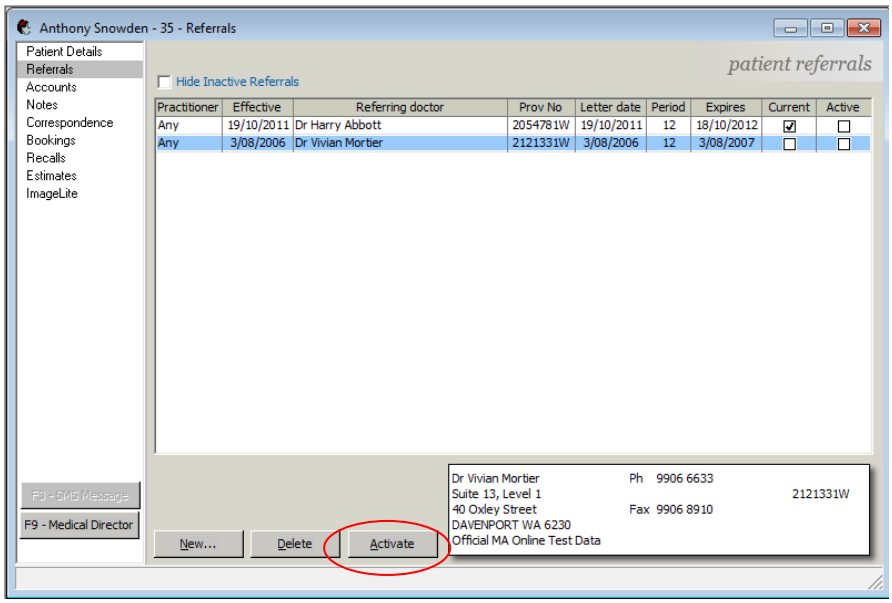
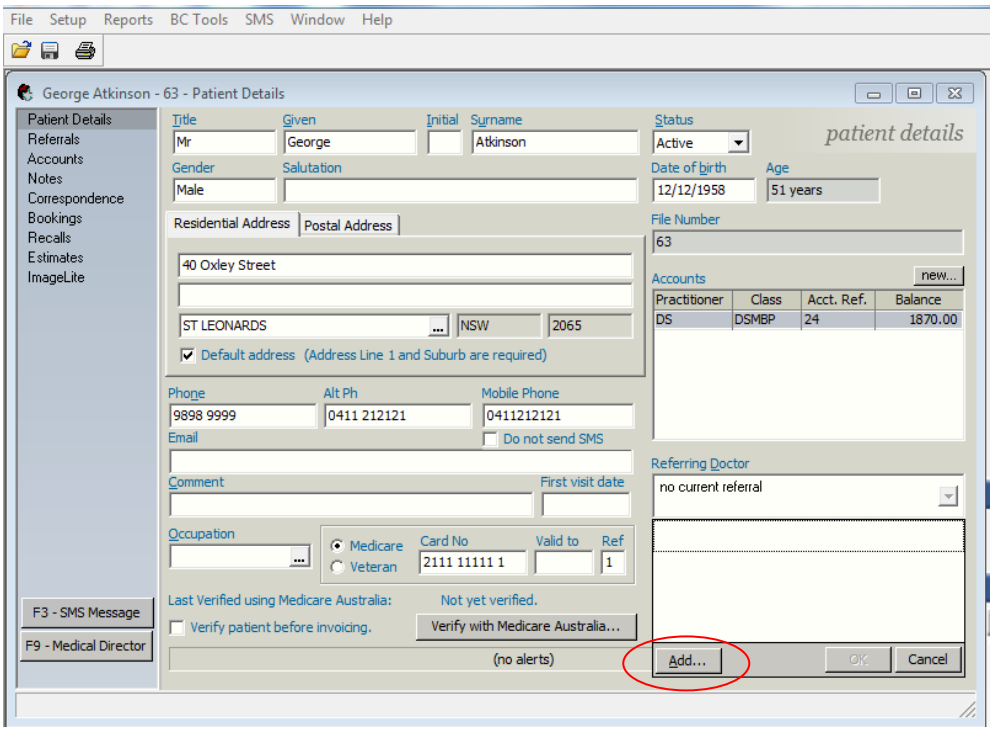


If a mistake is noticed with a referral after it has been used, the referral must be Deactivated and a New referral created containing the correct information. A referral cannot be Deleted after it has been used.

Enter a New Referral

1. From the Patient's Details screen click the drop down list button, then click Add



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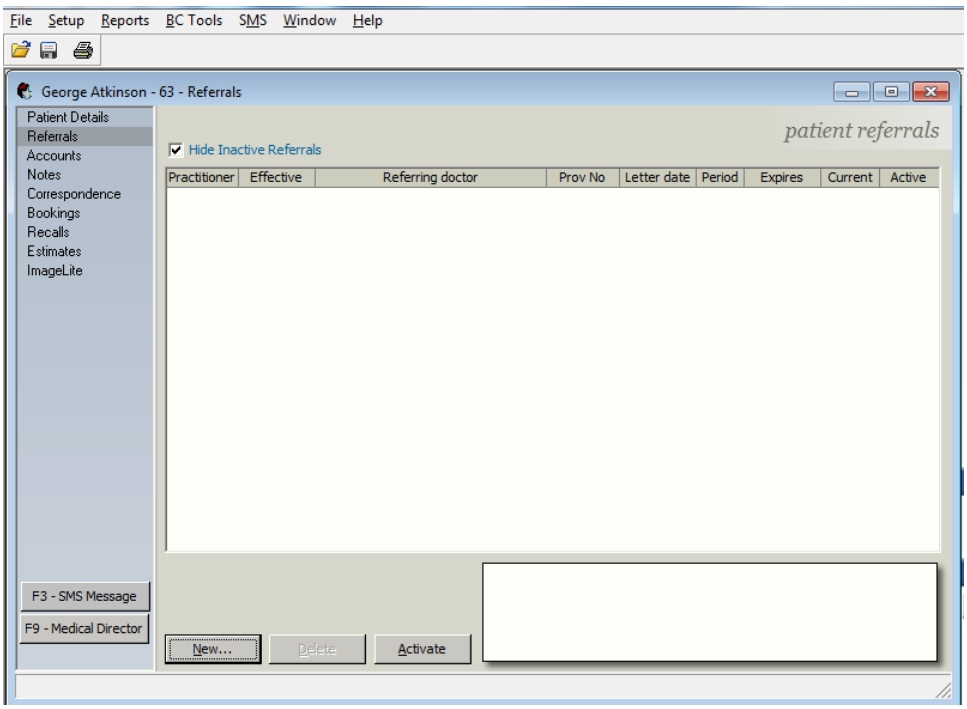
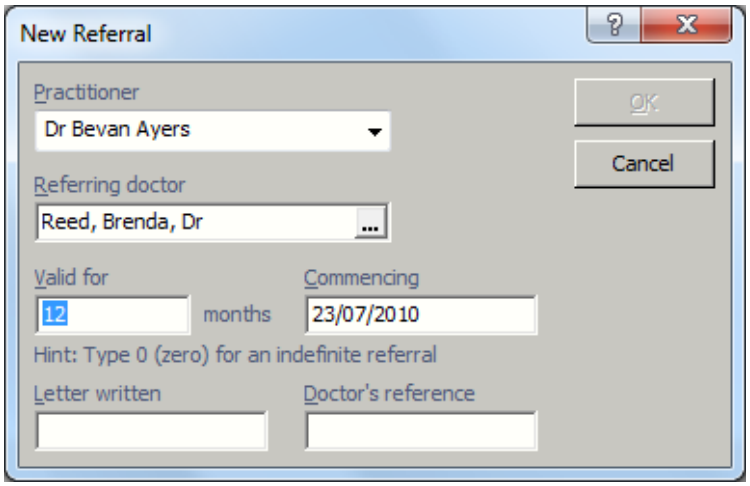
Or

From the Referrals screen within the Patient's file, Click New

2. Complete the New Referral Dialogue Box





The Practitioner box allows the referral to be used for All practitioners in the practice or just a specific Doctor.

3. Type the surname of the referring doctor in the dialogue box then press the [Tab] key.

If the doctor is already entered into the system, their name will automatically be inserted.

If referring Doctor has a surname identical to another Doctor, or Doctor consults from different locations, a screen will present itself and allow the correct Doctor/location to be chosen.

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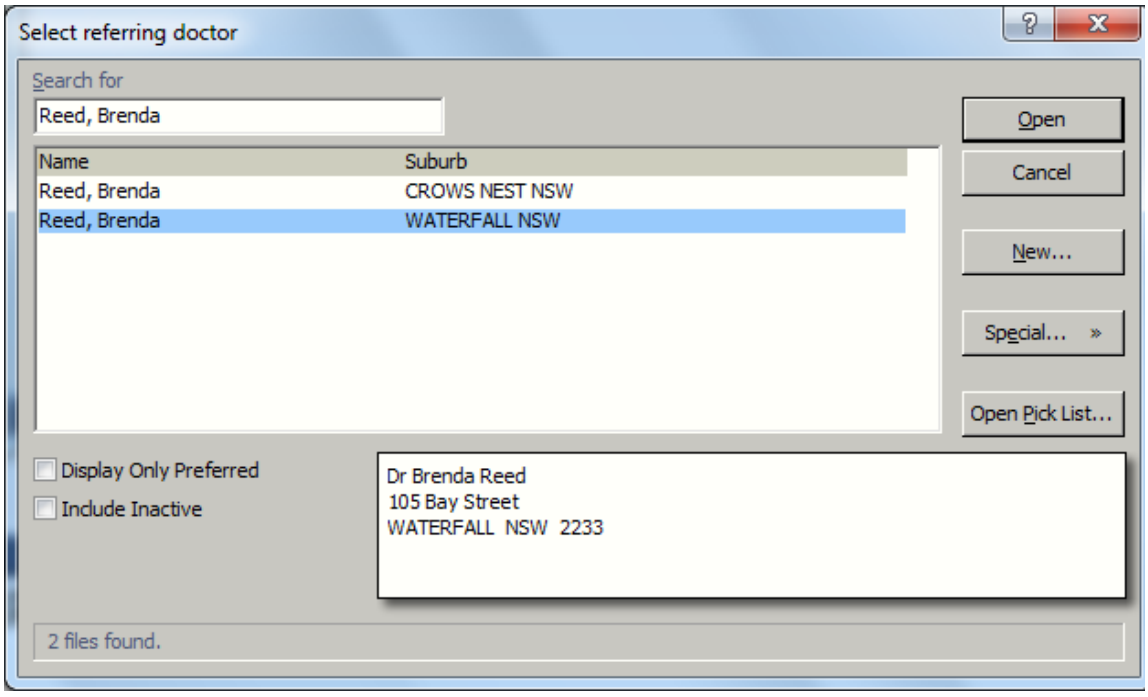
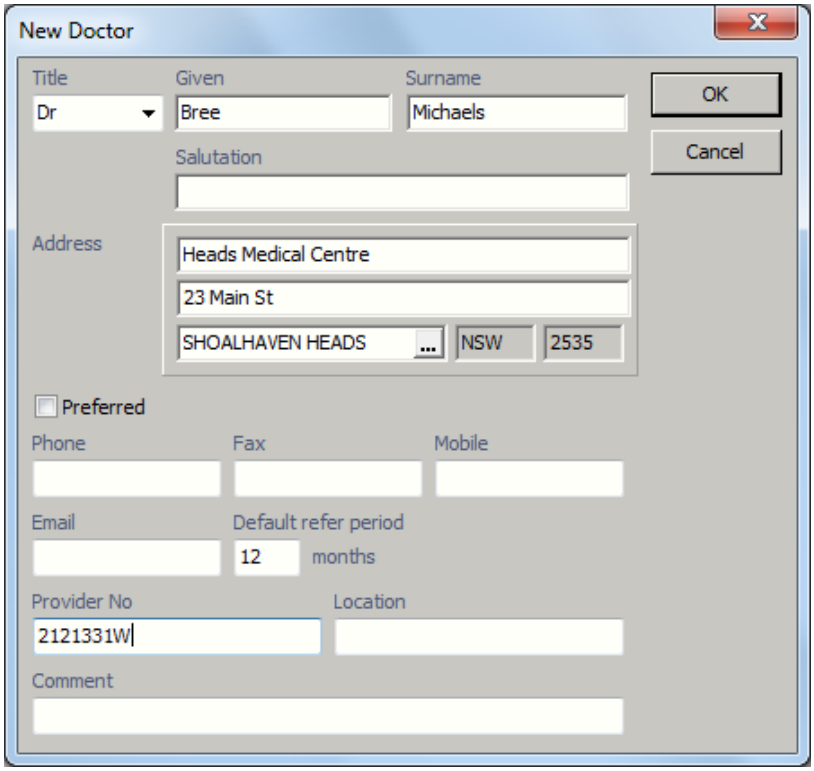


If the referring Doctor's name is not present, the select referring Doctor screen will appear blank (see above). Click the New button and enter in the referring Doctors credentials.



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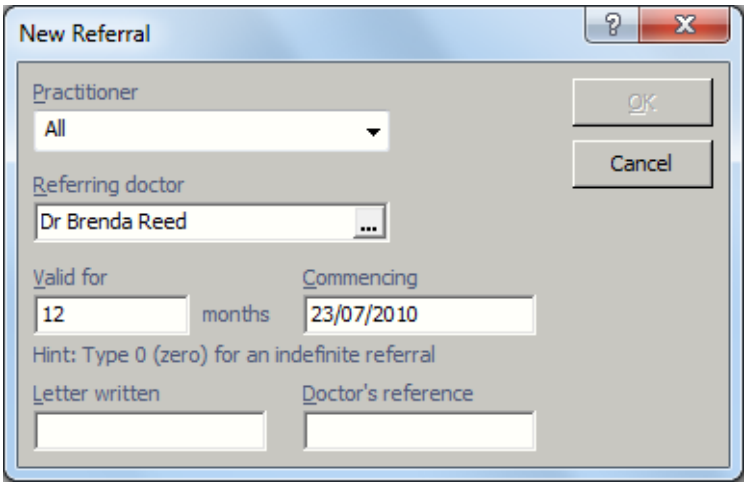
4. Continue filling in the Referral information
5. Click OK



Note :

The '**Valid for'** text box is determined by the information contained in the referring Doctor's file (see the screen capture under step 6b) but can be overtyped as needed.

The '**Commencing'** date is the date of the first appointment date using the New Referral. By default the computer s current date is filled in but should be overtyped to reflect the correct data.

The '**Letter written'** date is the date the referral was written. By pressing [Tab], the letter written date defaults to the commencing date.

The '**Doctor's reference'** refers to any identifying reference markings on the original written referral.

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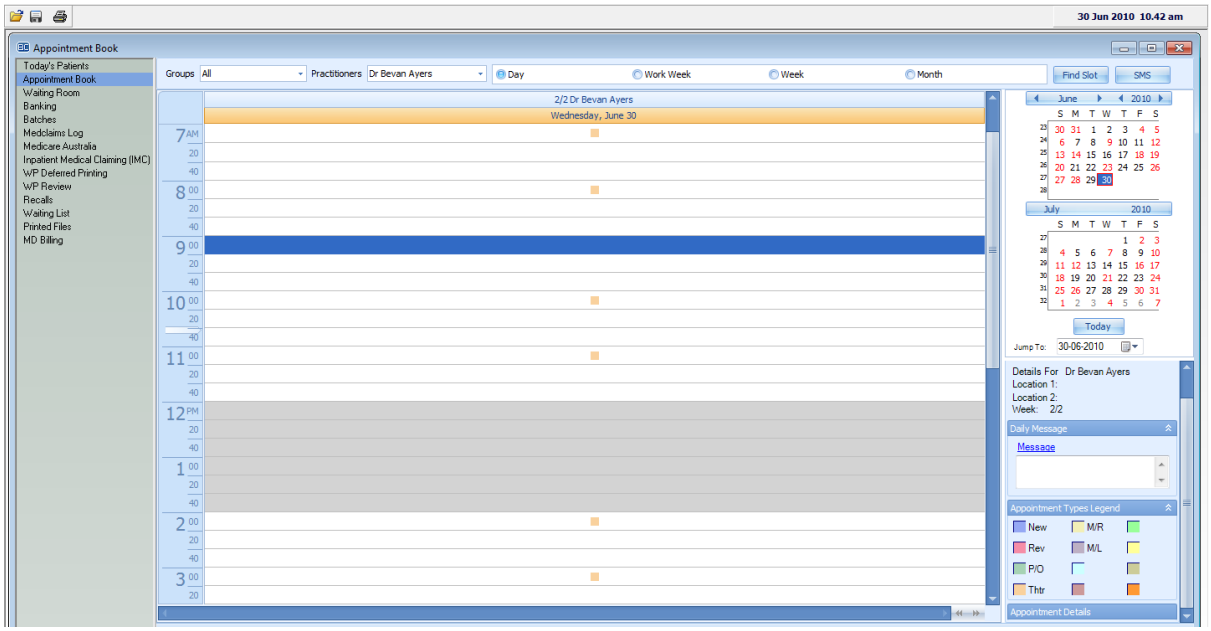
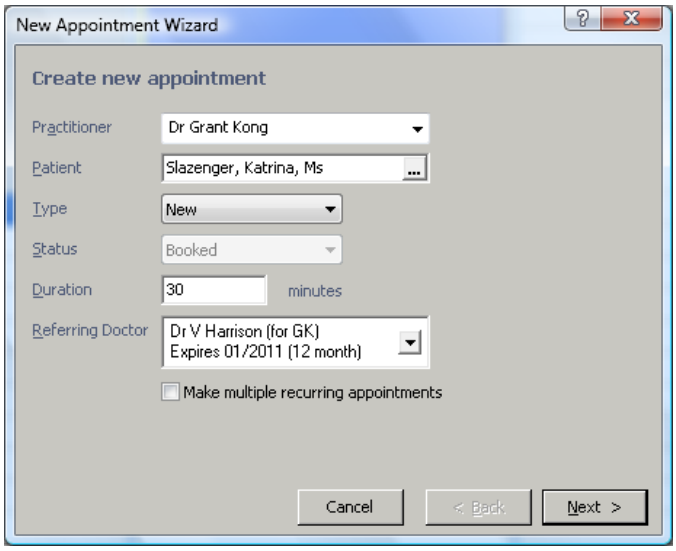
Making an Appointment

How to make an appointment for an existing patient with a current referral

1. Select the day and time. Do this by clicking on the Calendar tool to select the required month and day. All appointments recorded for that day will be displayed.
2. Click in a time slot under the appropriate practitioner to select the Appointment time.



3. Double click the Appointment time to open the Appointment dialogue (or Wizard) OR Right click and select ‘Add Appointment’.
4. Type in the patient’s surname and press [Tab] to enter their name into the patient field.
5. Select the type of appointment to be made from the dropdown list.



6. Click Next

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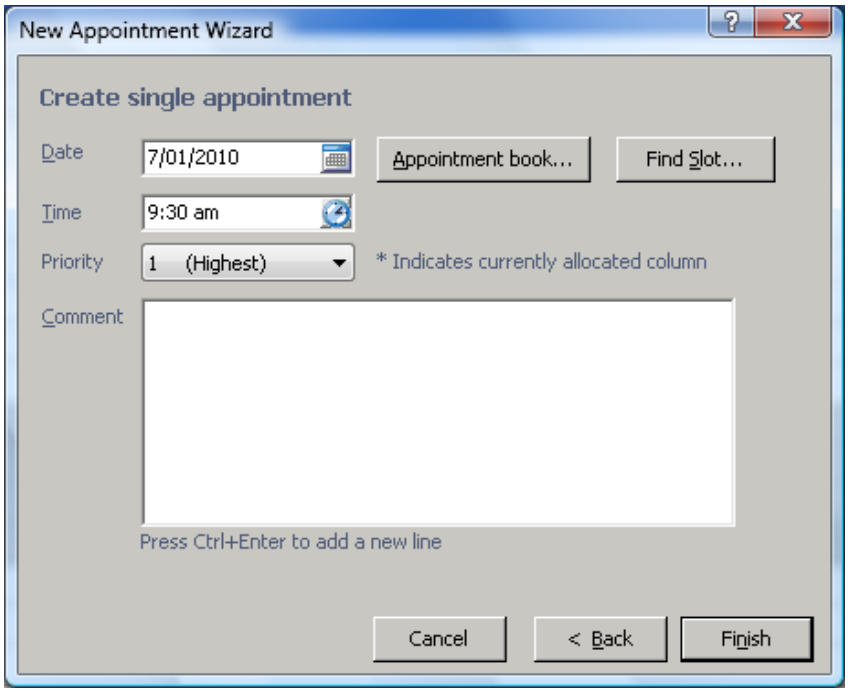
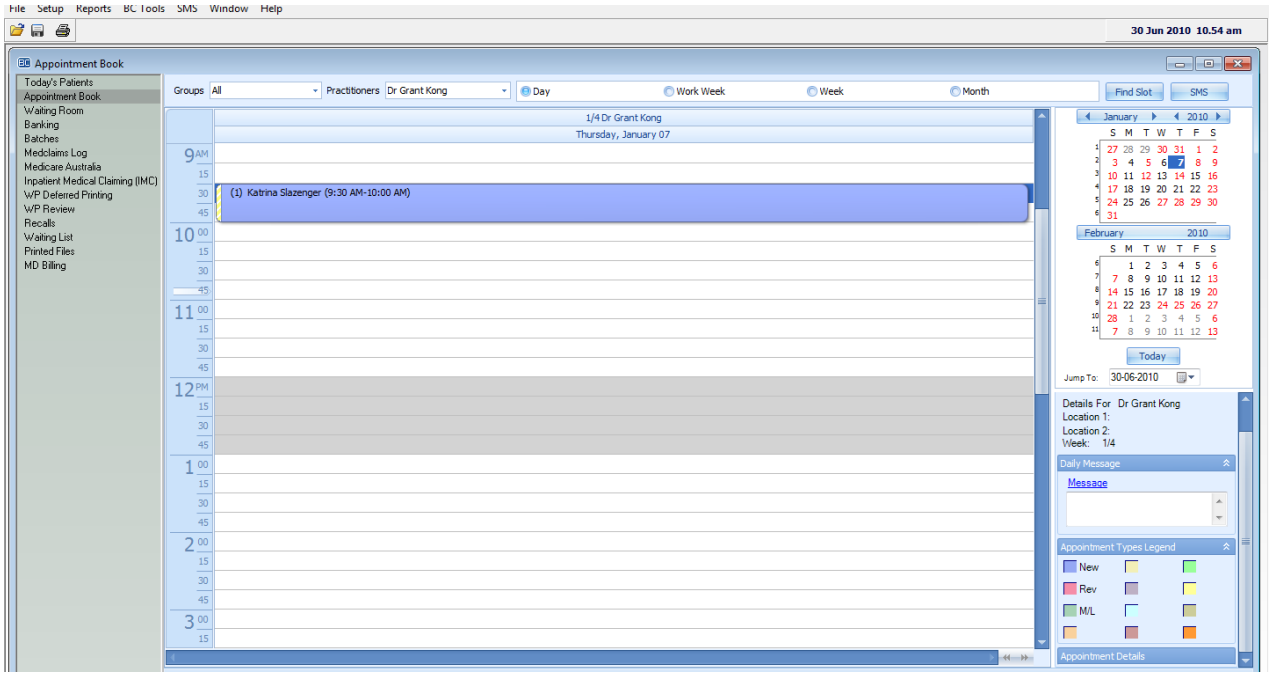


A free comment space is provided to record any relevant information regarding the patient's appointment.

7. Click Finish to return to the Appointment book.

How to make an appointment for an existing patient with an expired referral

1. Select the day and time. Do this by clicking on the Calendar tool to select the required month and day. All appointments recorded for that day will be displayed.
2. Click in a time slot under the appropriate practitioner to select the Appointment time.



3. Double click the Appointment time to open the Appointment dialogue (or Wizard) OR Right click and select 'Add Appointment'.

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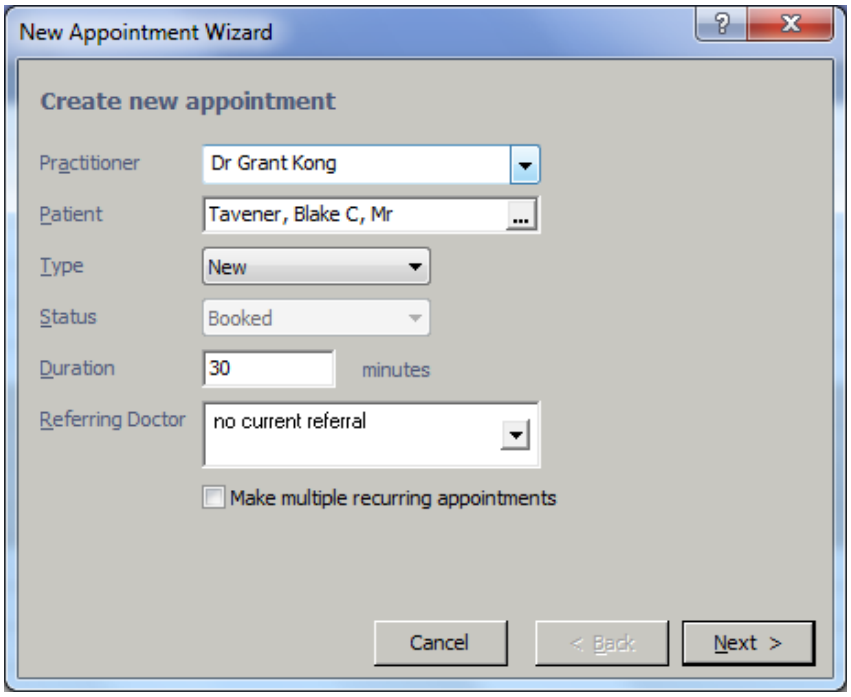
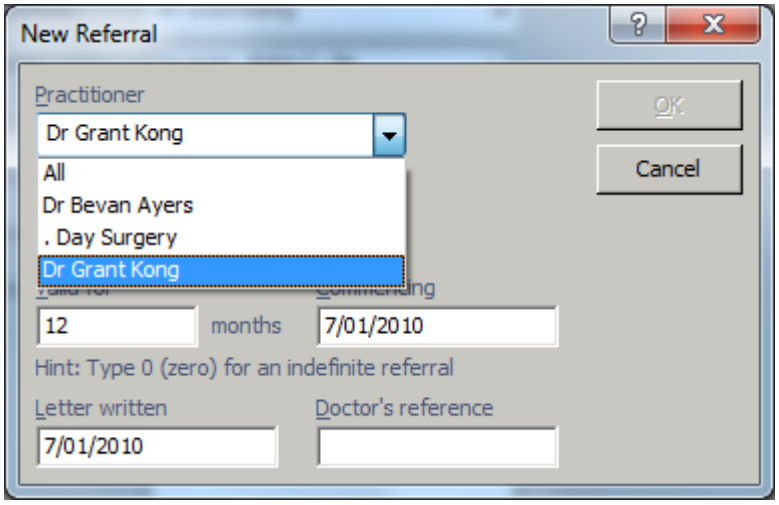
4. Type in the patient's surname and press tab to enter their name into the patient field.
5. Select the type of appointment to be made from the dropdown list.

The new referral can be added at the time of appointment (see steps below) or on the day of the appointment when the patient arrives for their consultation.

6. As there is no current referral, click the down arrow icon to the right of the dialogue box and click Add



7. Select the Practitioner to whom the referral is addressed



8. Type the surname of the referring doctor in the dialogue box then press the [Tab] key.

If the doctor is already entered into the system, their name will automatically be inserted.

If referring doctor has a surname identical to another doctor, a screen will present itself and allow the correct doctor to be chosen (see over).

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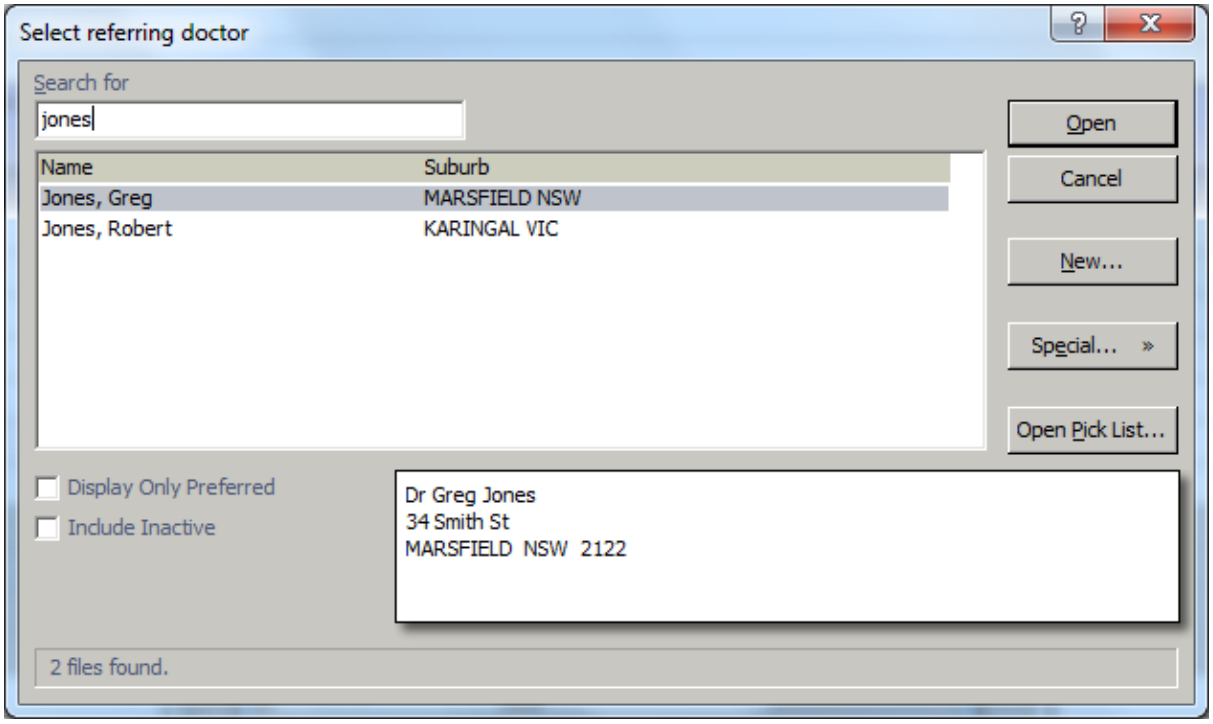
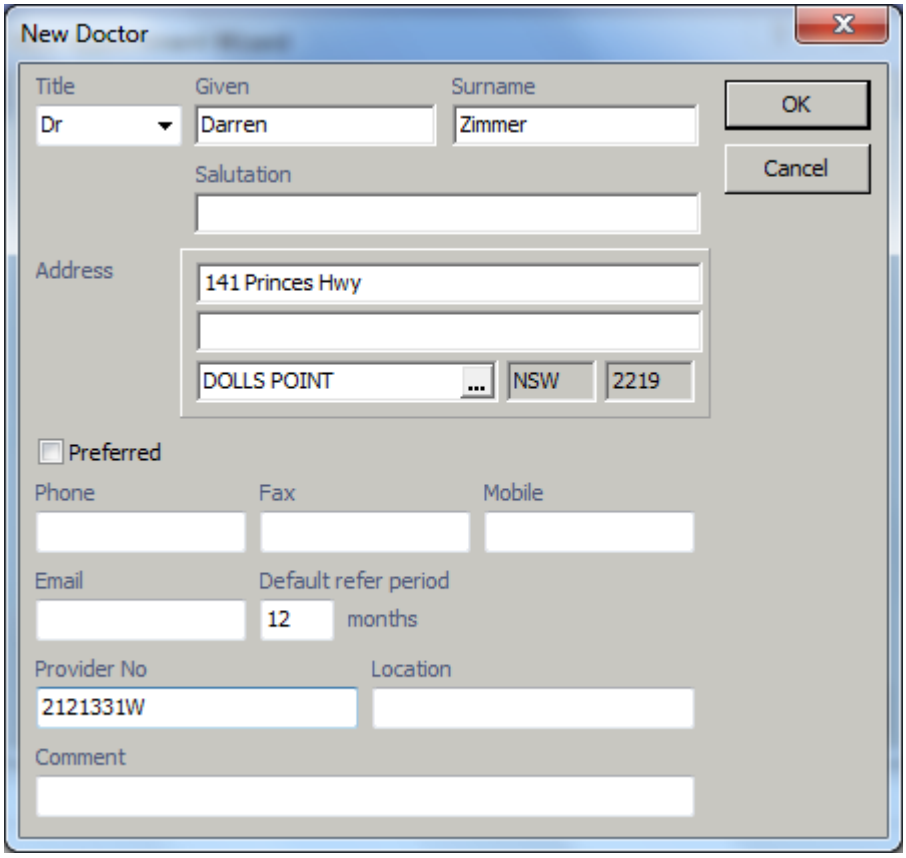


If the referring doctor's name is not present, the select referring doctor screen will appear blank.

a. Click the New button and enter in the referring doctors credentials. Most fields are self explanatory. The Default refer period can be set so that it automatically appears in the patient's referral period field (see below)



9. Continue entering in the referral information. Press [Tab] to move from field to field.

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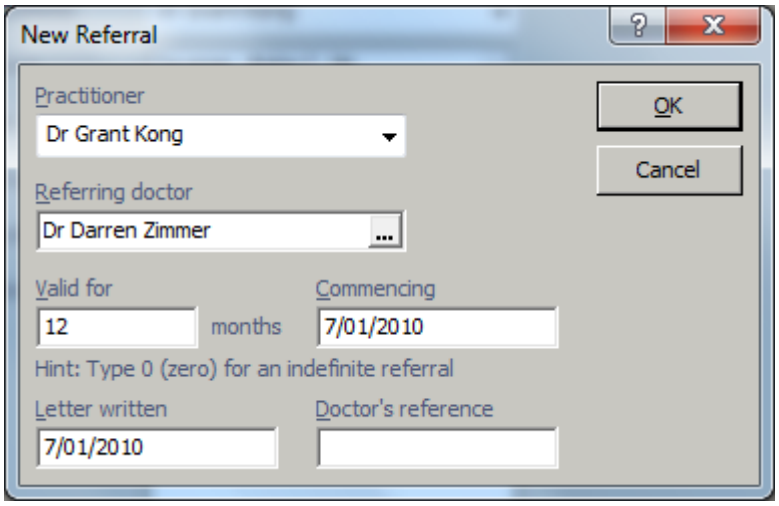
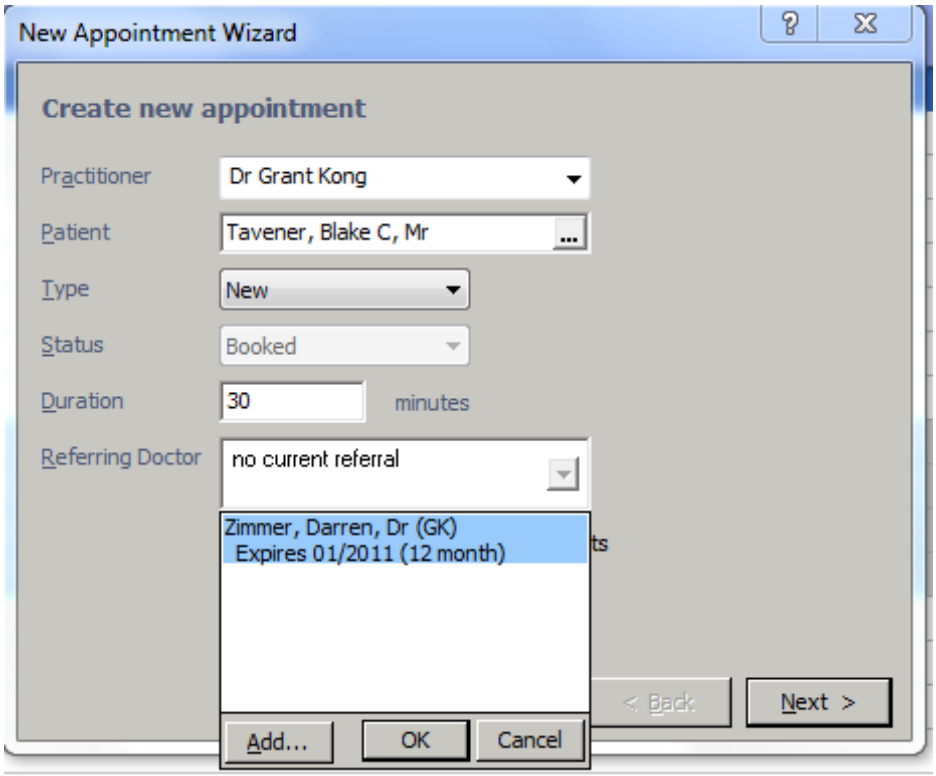


Note the valid for text box is defaulted to 12 months (for GP) but can be changed. The Commencing date is from the first appointment date and Letter Written is the date the referral was written. By pressing [Tab], the letter written date defaults to the commencing date.

10. Click OK.
11. Click OK again to finish and accept the new referral.



12. Click Next

A free comment space is provided to record any relevant information regarding the patient's appointment.

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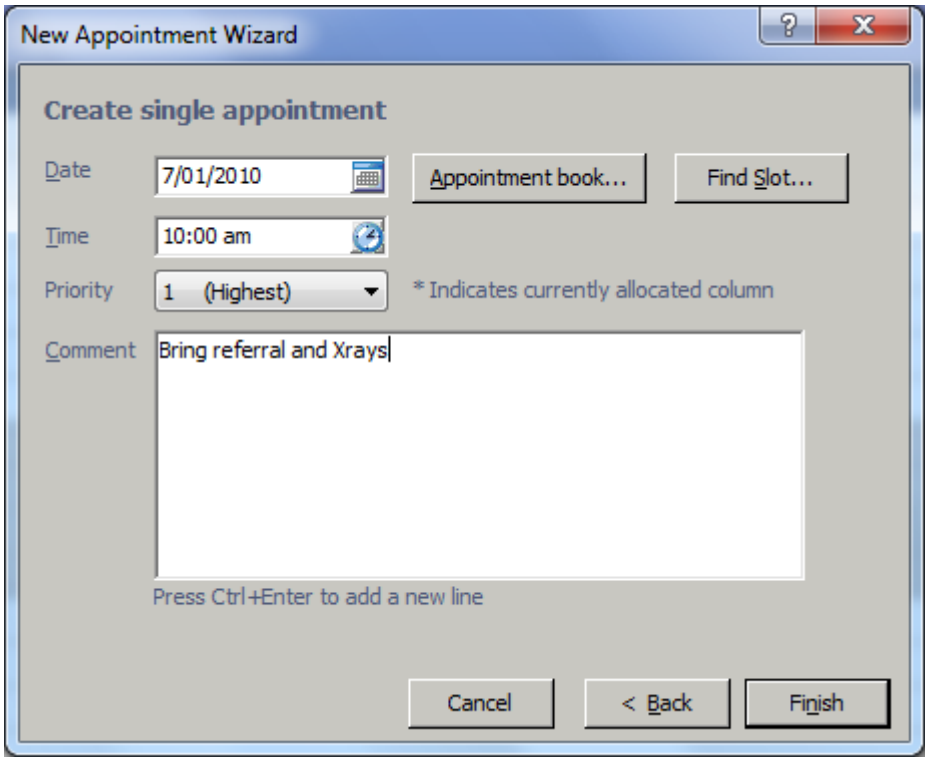

13. Click Finish to return to the Appointment book.

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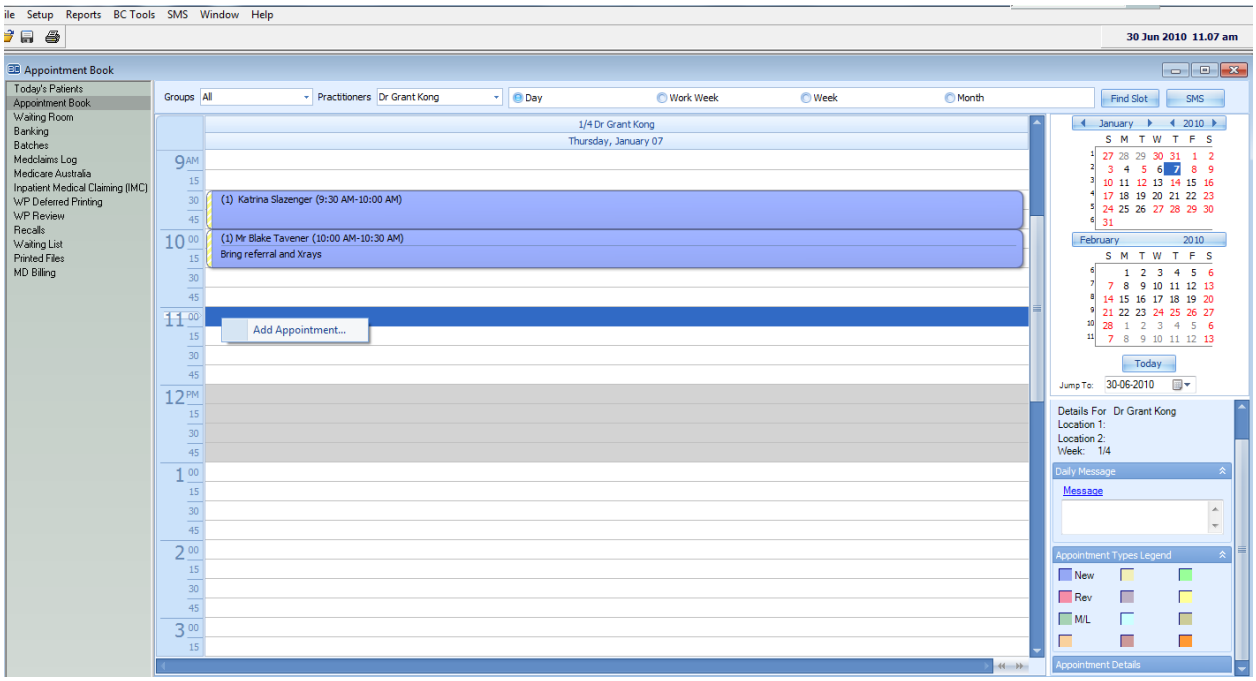
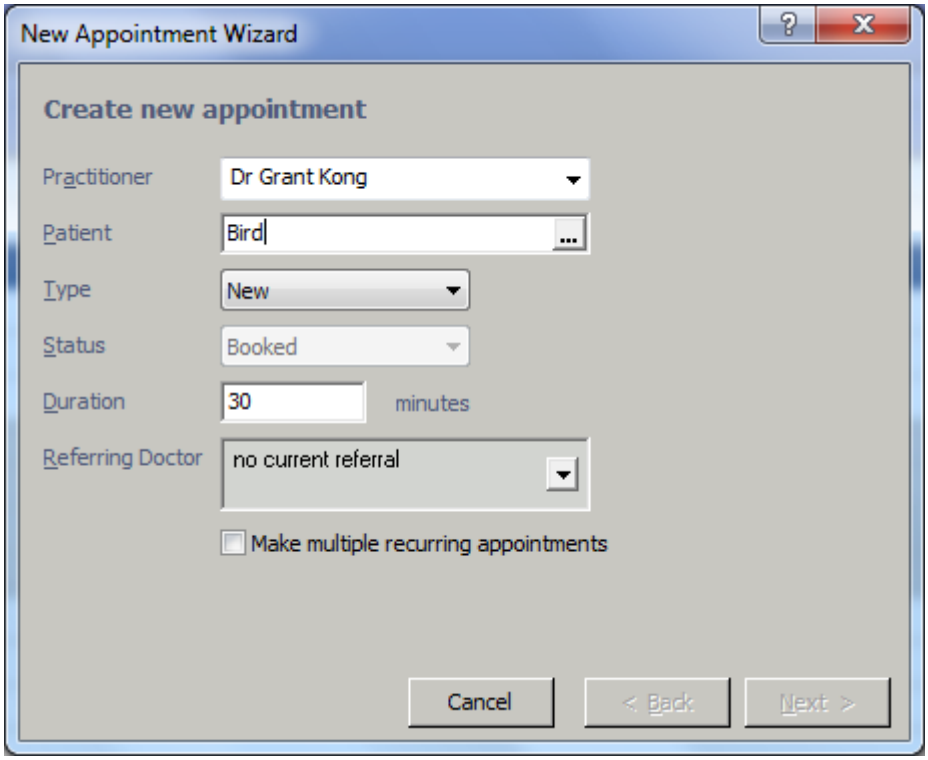
How to make an appointment for a new patient.

1. Click to select the time for the appointment
2. Double click to start the new appointment wizard or right click (as shown below)


Appointment Book
Add Appointment...
(1) Katrina Slazenger (9:30 AM-10:00 AM)
(1) Mr Blake Tavener (10:00 AM-10:30 AM)
Bring referral and Xrays

3. Type in the patient's surname and press [Tab]



If the patient is new and has no patient file in Blue Chip the following screen will appear (see below)

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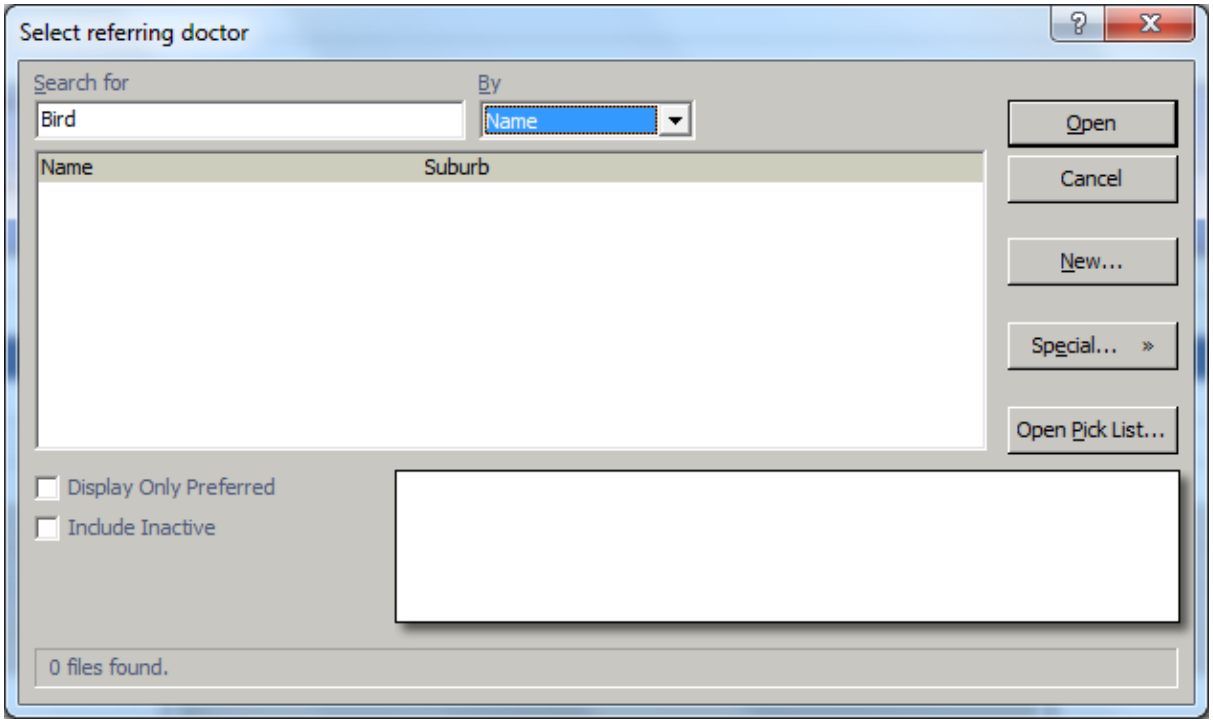
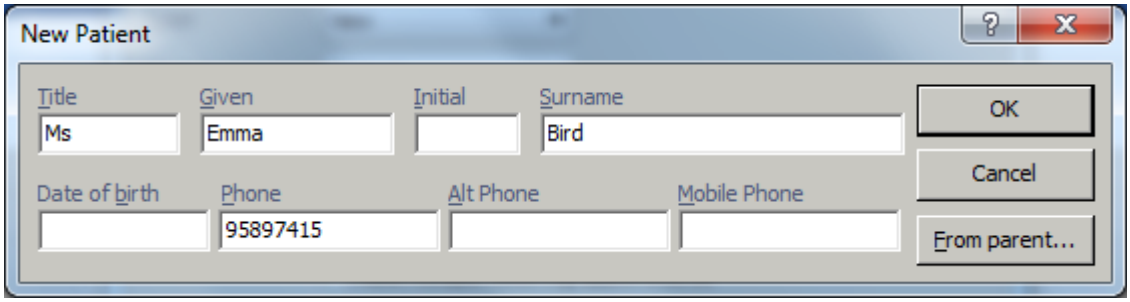


4. Click the New button



5. Complete the New Patient screen. Note~ Only the given and surname fields must be filled out to continue however it is essential to record a contact telephone number and the patient's date of birth (to avoid duplicate patient conflicts). The remaining fields can be completed when the patient arrives at the practice and completes a Patient Details form.
6. Click OK
7. Click Next

Record any relevant information regarding the appointment, such as reminding the patient to bring in their referral and a reminder to staff to ask the patient to complete a patient details form (either paper based or electronic in Blue Chip) by way of an Appointment comment (see screen shot below).

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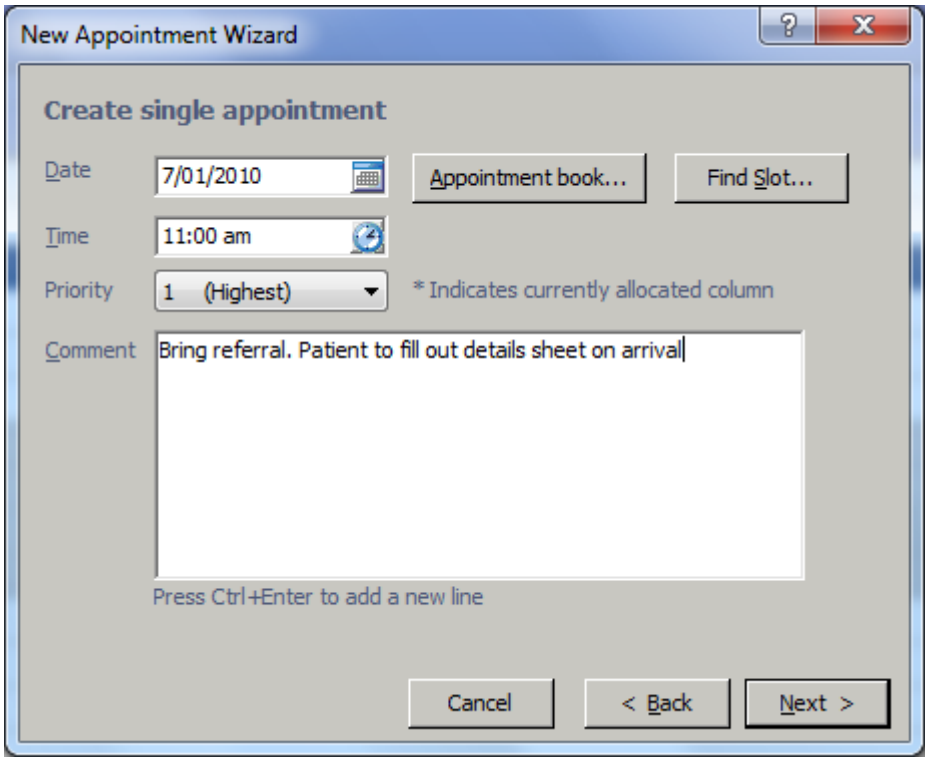

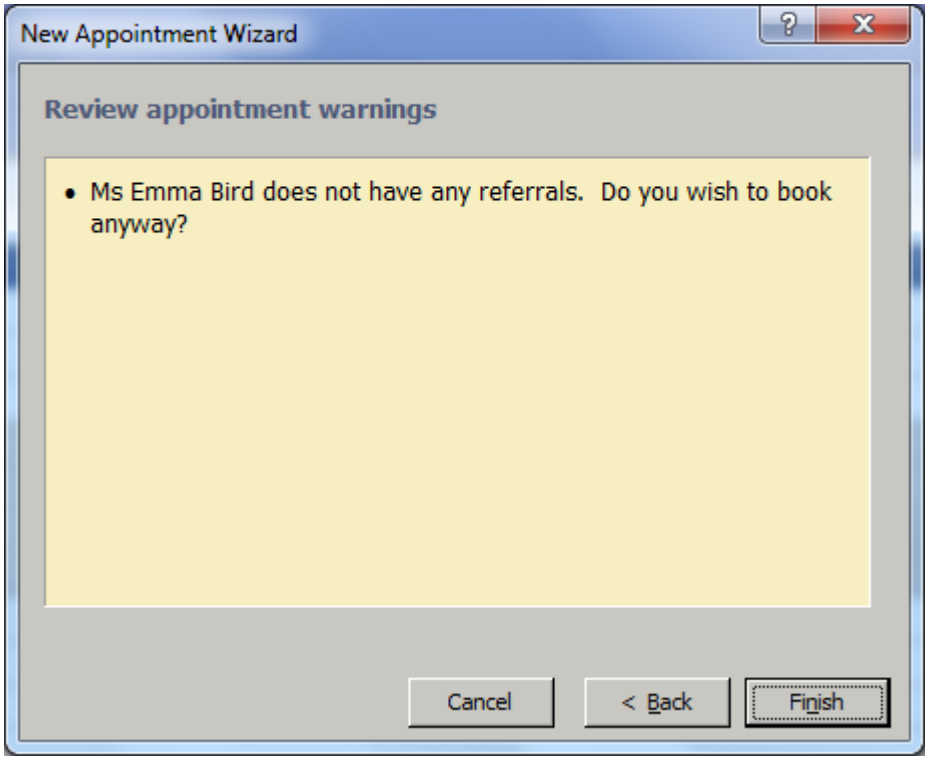
New Appointment Wizard
Review appointment warnings
• Ms Emma Bird does not have any referrals. Do you wish to book anyway?
Cancel
< Back
Finish

8. Click Finish

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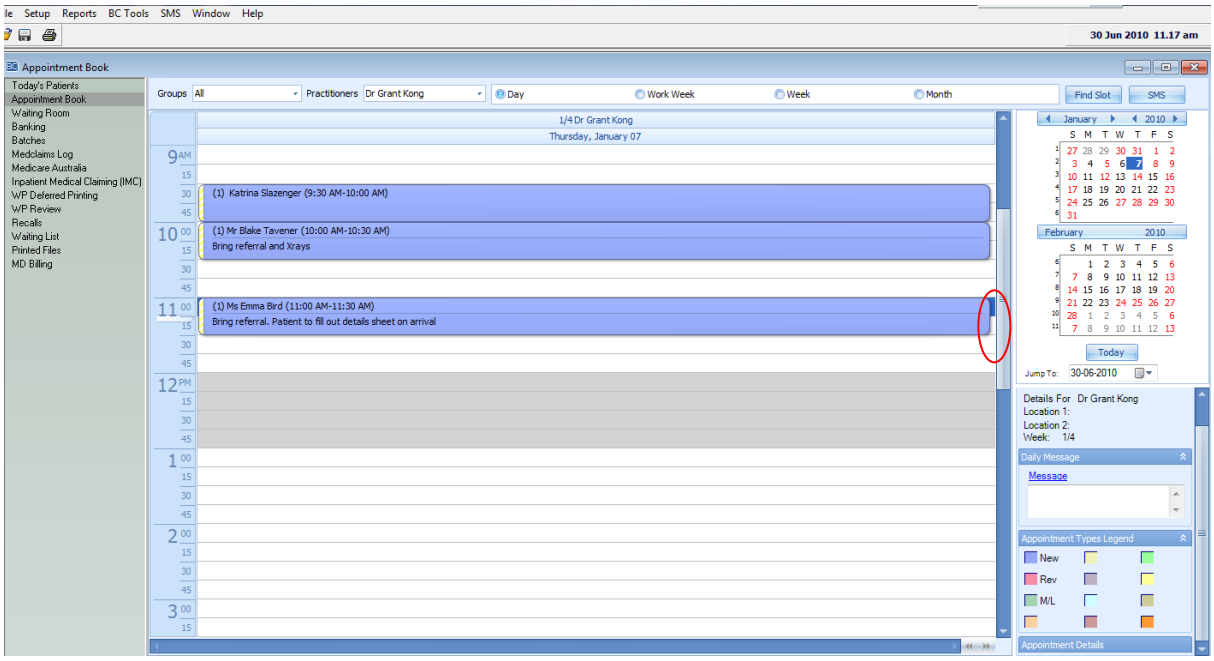
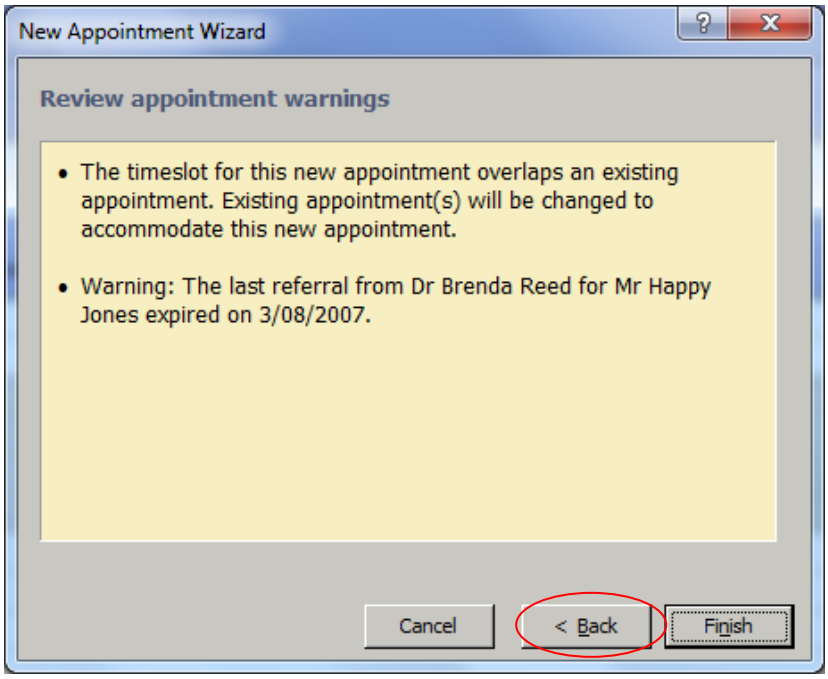
Double Book a Patient

1. Navigate to the appointment time you wish to double book against
2. Double click at the end of the existing appointment (see where indicated in the screen capture below)


Appointment Book
(1) Katrina Slazenger (9:30 AM-10:00 AM)
(1) Mr Blake Tavener (10:00 AM-10:30 AM)
Bring referral and Xrays
(1) Ms Emma Bird (11:00 AM-11:30 AM)
Bring referral. Patient to fill out details sheet on arrival

3. Follow the appointment wizard for either a New patient or Existing patient as described earlier. Just before finalising the appointment booking, this message may appear (depending on how your version of Blue Chip is configured).


New Appointment Wizard
Review appointment warnings
• The timeslot for this new appointment overlaps an existing appointment. Existing appointment(s) will be changed to accommodate this new appointment.
• Warning: The last referral from Dr Brenda Reed for Mr Happy Jones expired on 3/08/2007.
Cancel
< Back
Finish

4. Click Back to amend the appointment priority (both appointments are trying to occupy the same priority).
5. By clicking Finish, the New appointment will be given a lower priority than the review being made here. To change this, click back and change this appointment's

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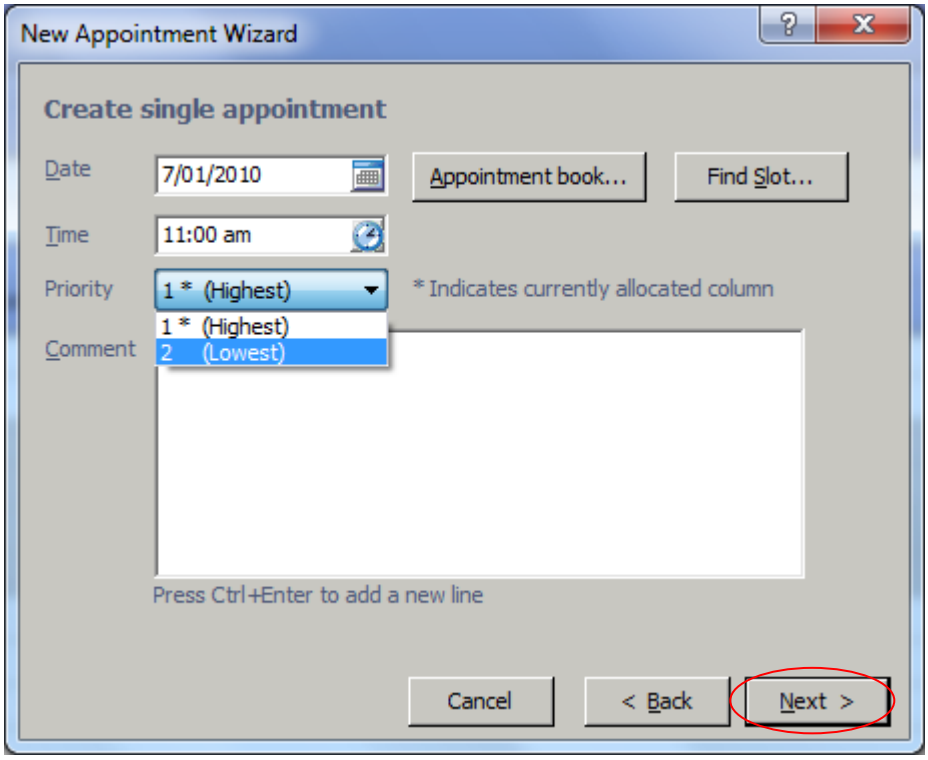
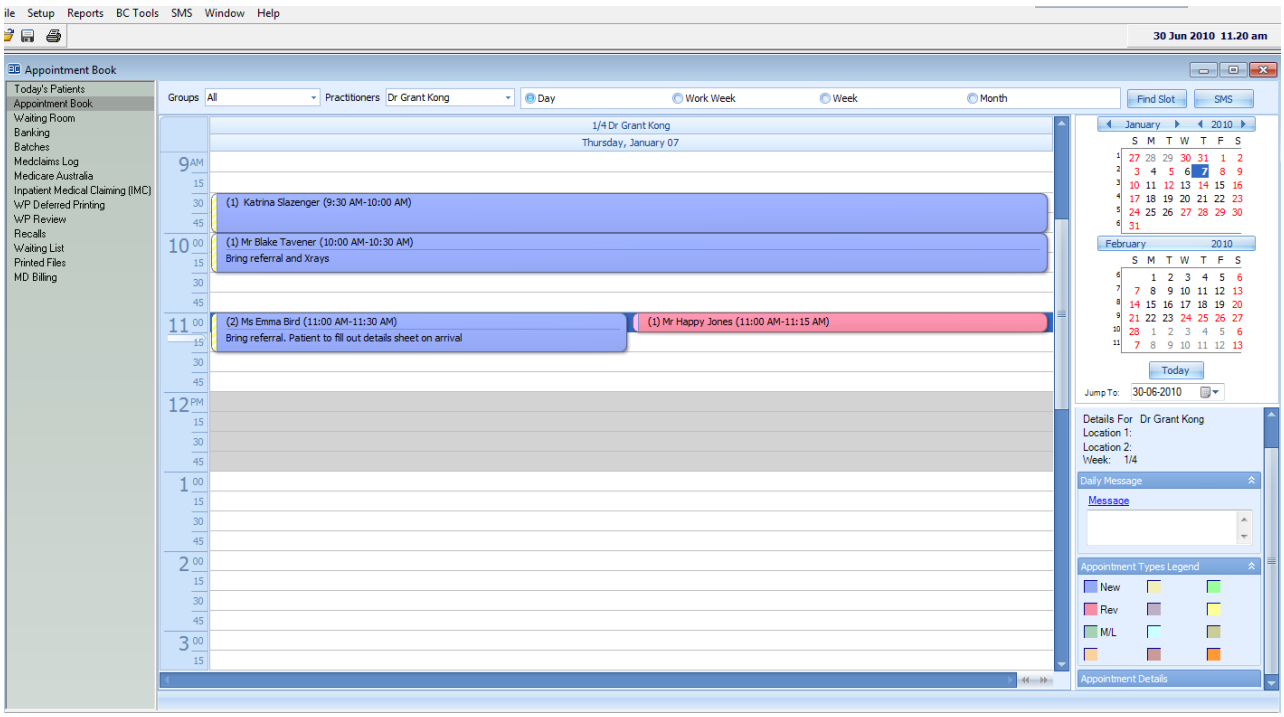
priority to an unoccupied priority status (a number not marked with an asterix, see next screen shot). To change the priority of an existing appointment, refer to Modifying an Appointment.



6. Click Next



Appointment Comments

These are self explanatory; they allow information relevant to the patient and/or their appointment to readily seen. Appointment comments can be recorded at the time of making the appointment or added later (see Modifying an Appointment).

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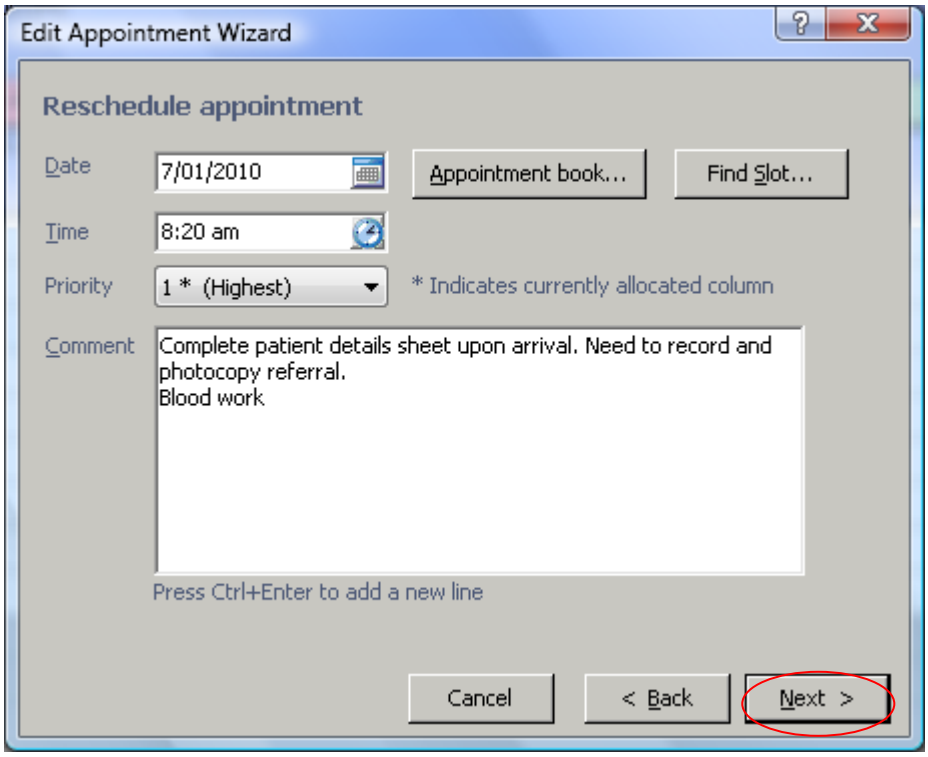
When entering comments, the text will automatically wrap to the next line when typing. If starting a new line is required, hold [Ctrl] and press [Enter] to force the cursor to start a new line. Pressing Enter only at this point is the same as clicking the OK button and the Appointment Wizard will exit.

The screen capture below shows an appointment with comment (the appointment is being edited – see Modifying an Appointment). The term 'blood work' has been started on a new line starting by present [Ctrl] + [Enter].



After entering in the comment, click Next and follow the appointment wizard to complete the process to save the comment.

The space taken for each appointment type will determine how much of the comment will be displayed on screen. To view the entire comment, hold the cursor over the appointment and the appointment summary (see pop up box in the screen shot below) will display the entire summary.

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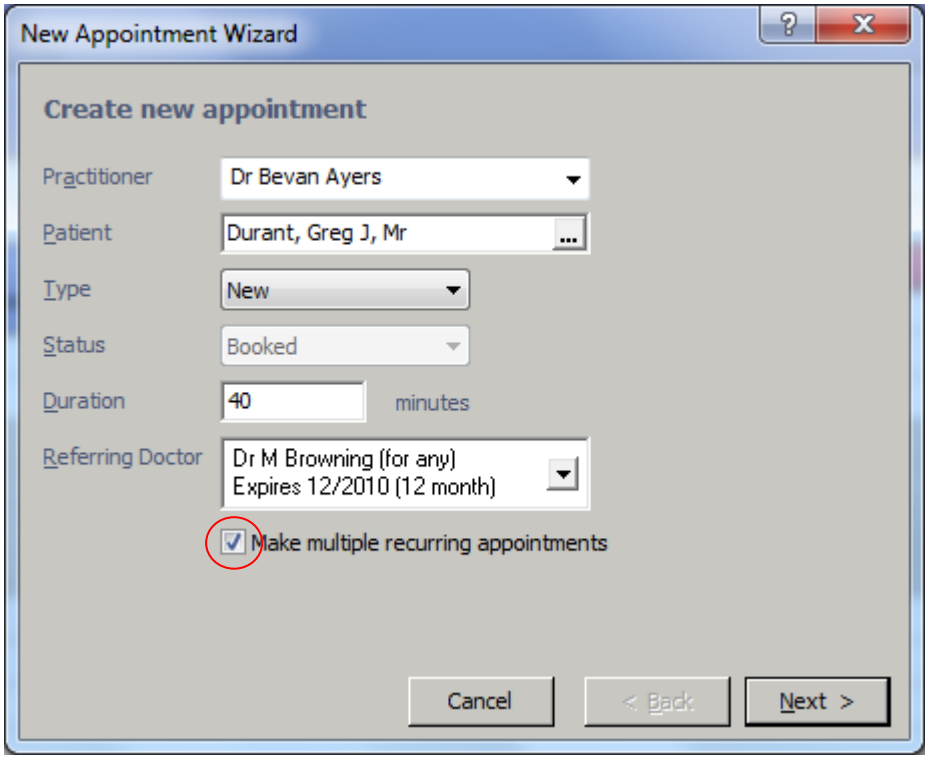
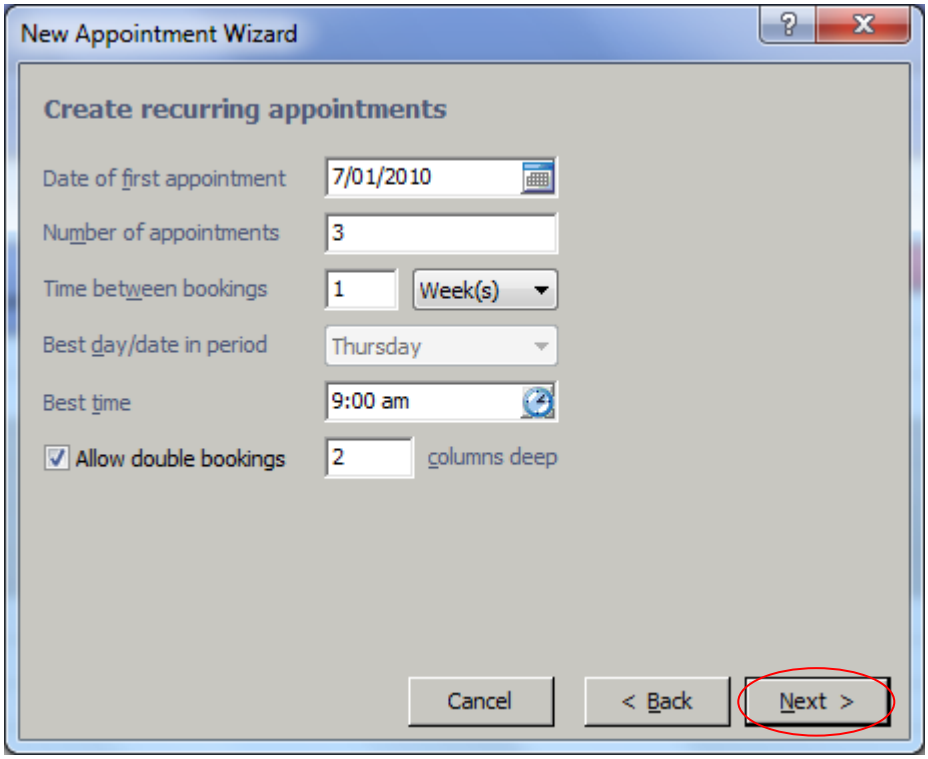
Recurring Appointments

Should multiple appointments need to be made, start by 'Making an Appointment' for a new or existing patient as described earlier.



1. Click to tick the Make multiple recurring appointments box (see above).
2. Click Next



3. Fill out the next screen as per required.

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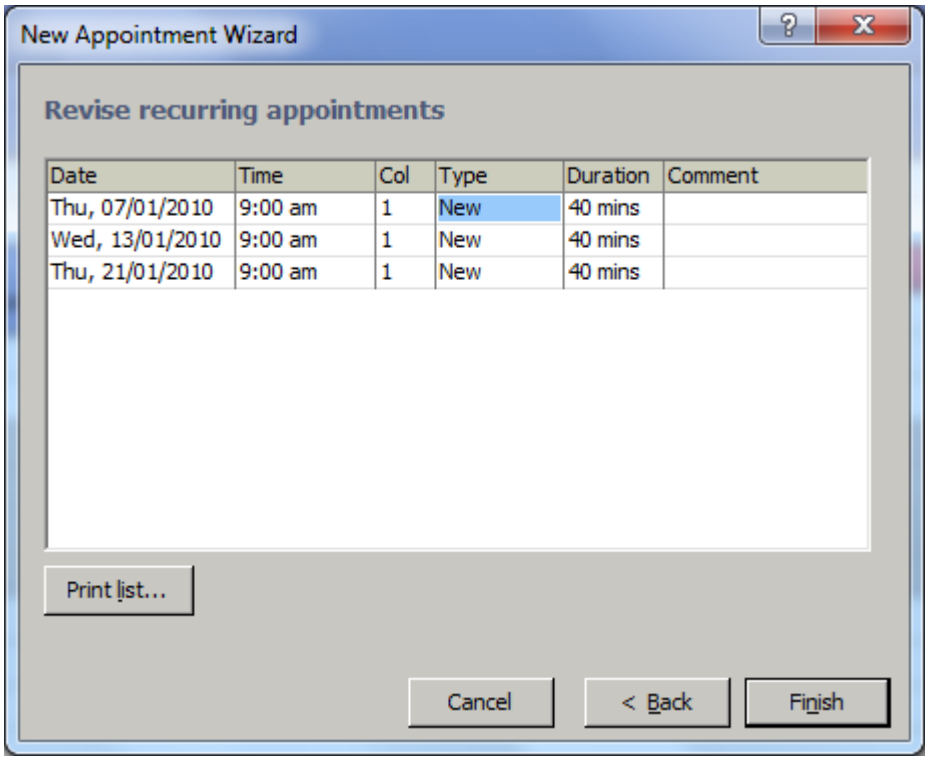
The wizard will lock in the day (the day you are making the appointment in the appointment book), but will allow modification of the appointment time. Remember that all appointments will be initially set to the day and time of the first booking**.**

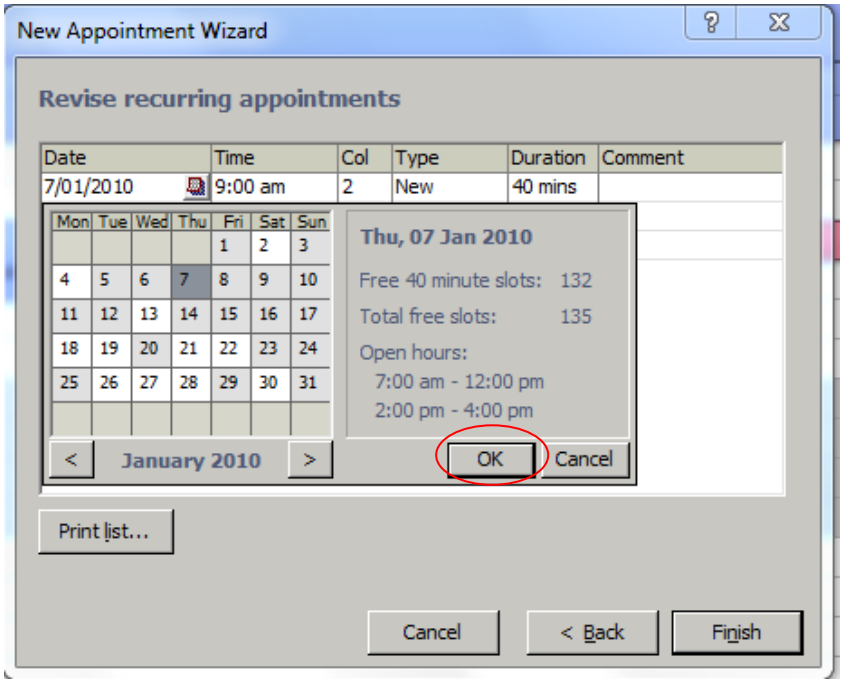
4. Click Next to confirm the appointments



The appointment spacing and times are set, however by clicking on the required cell, the date, time, priority (col) and appointment type can be edited and comments can be recorded.

Double clicking the appointment date will allow the date to be varied. This will only affect the select appointment not the group.

5. Click OK to accept the date change



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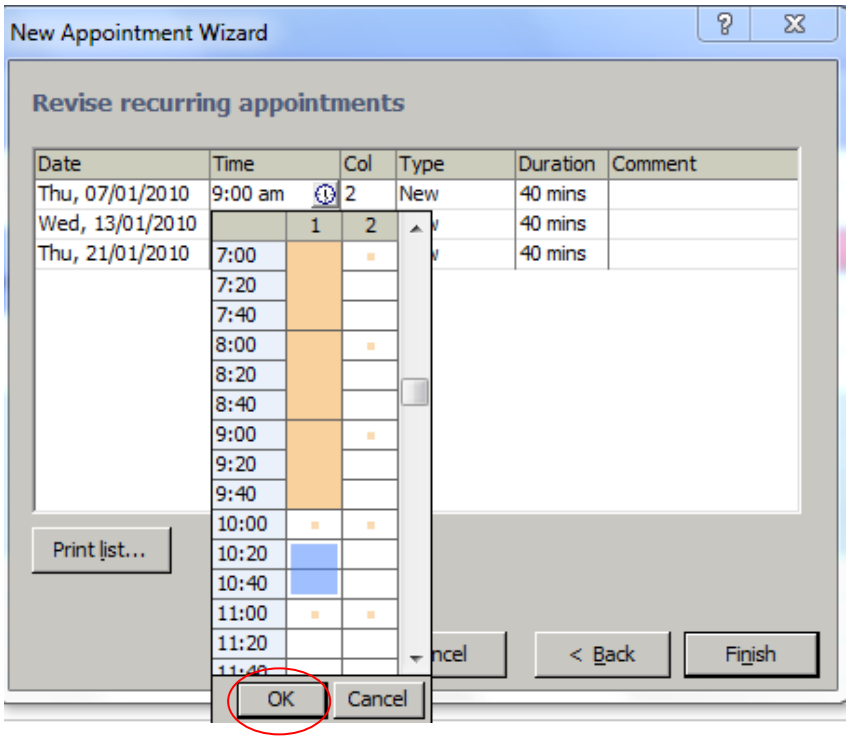
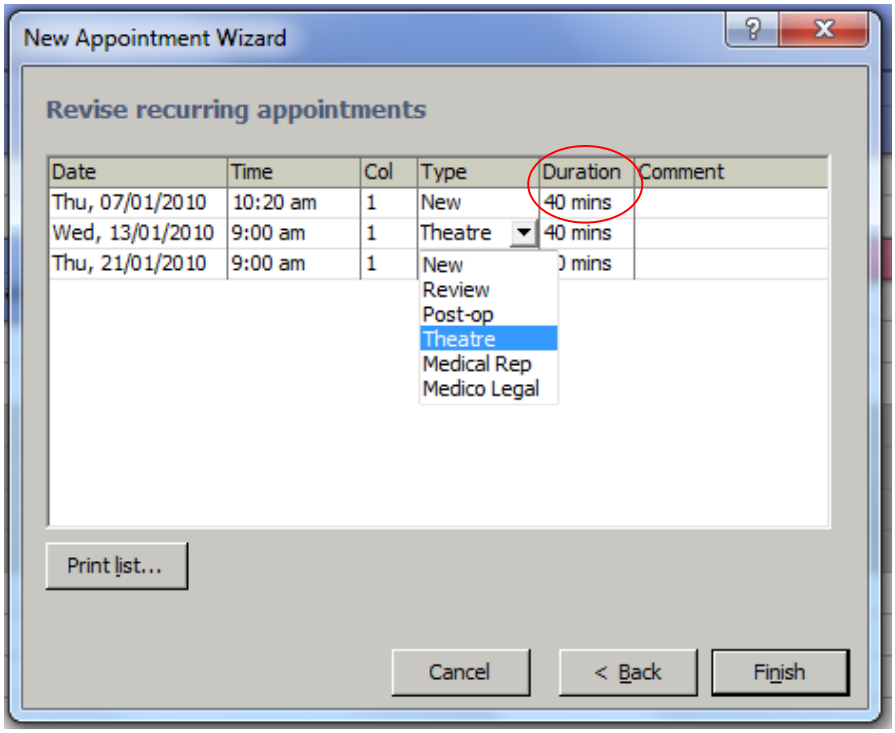
6. Double clicking the time field will display the time allocations for all appointment for that day. Click in a time where the appointment will fit.



7. Click OK to accept the time change
8. Click in the Col field and overtype the priority if required.
9. Double click in Type to change the appointment type to the required type. The appointment time will change according to the default time for that type of appointment, but it can be overtyped in the Duration field.



An appointment comment can be recorded against each appointment.

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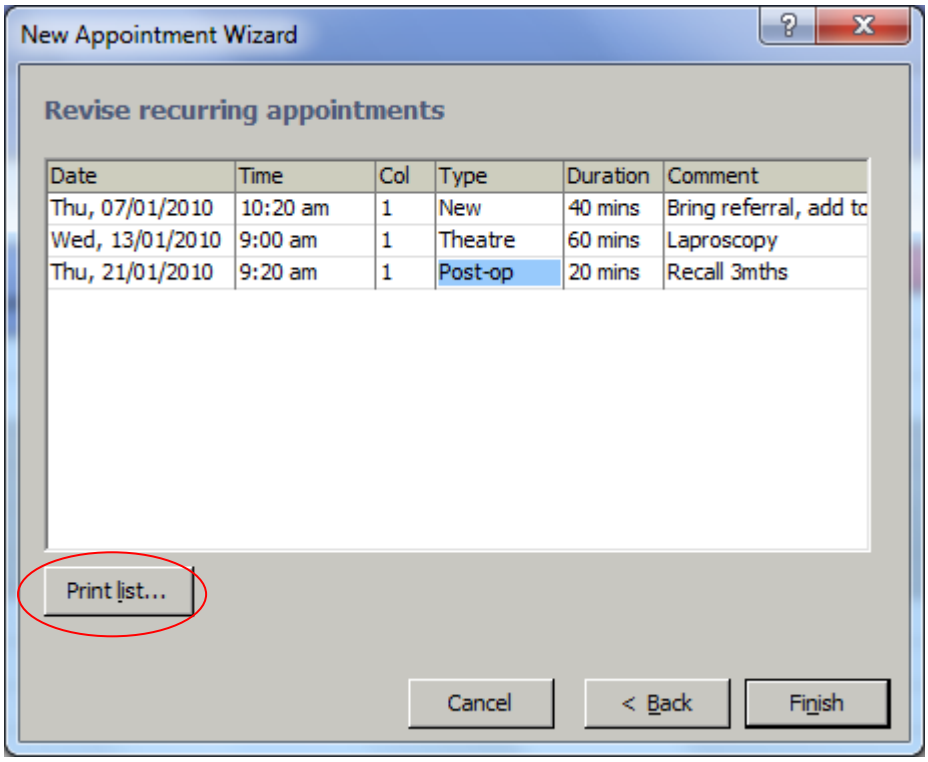

10. Click the Print List... button to print the bookings for the patient. Follow the wizard

BOOKINGS, SUMMARY

HCN Blue Chip
Version 2.6.66.0
Hcn Demo Michael OConnor

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Run: 30/06/2010

Recurring bookings for Mr Greg J Durant

Date	Time	Duration	Practitioner	Type	Status
7/01/2010	10:20 am	40 min	Dr Bevan Ayers	New	Booked
			Bring referral, add to theatre list		
13/01/2010	9:00 am	60 min	Dr Bevan Ayers	Thtr	Booked
			Laproscopy		
21/01/2010	9:20 am	20 min	Dr Bevan Ayers	P/O	Booked
			Recall 3mths		

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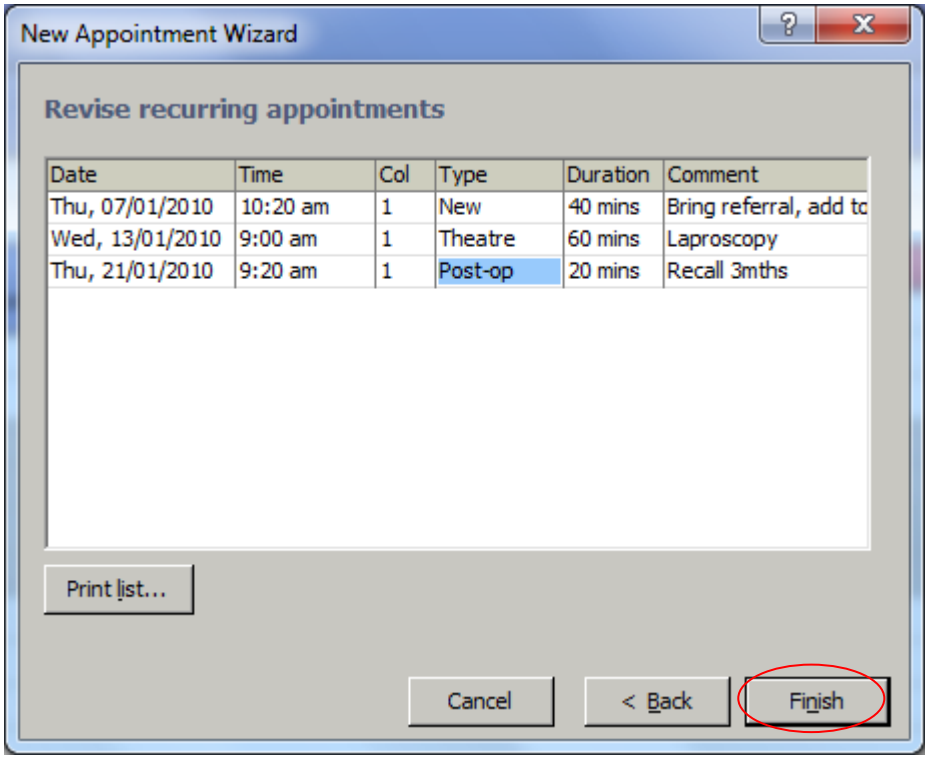
The wizard returns to booking screen.



11. Click Finish to complete the wizard.

The patient's appointments have been made.

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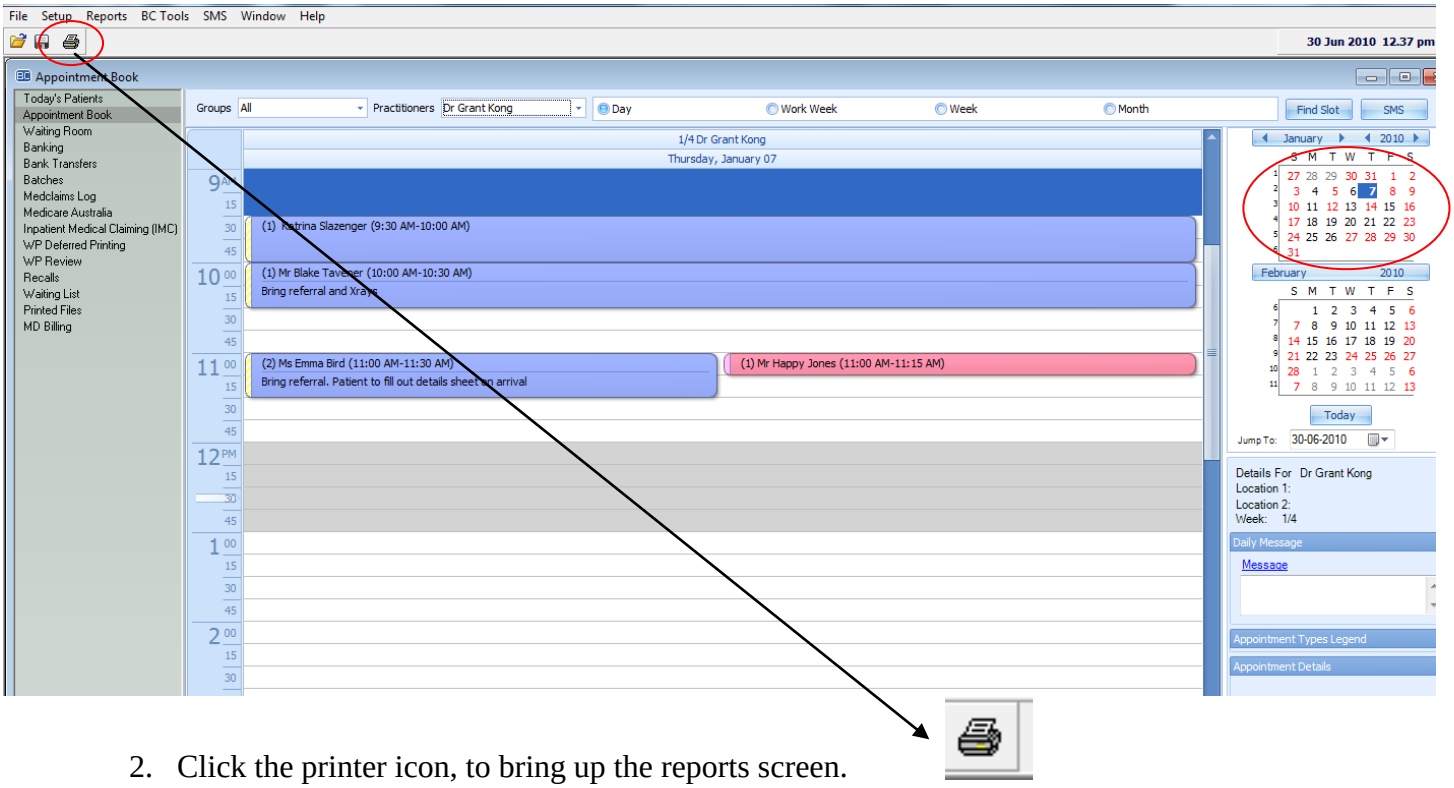
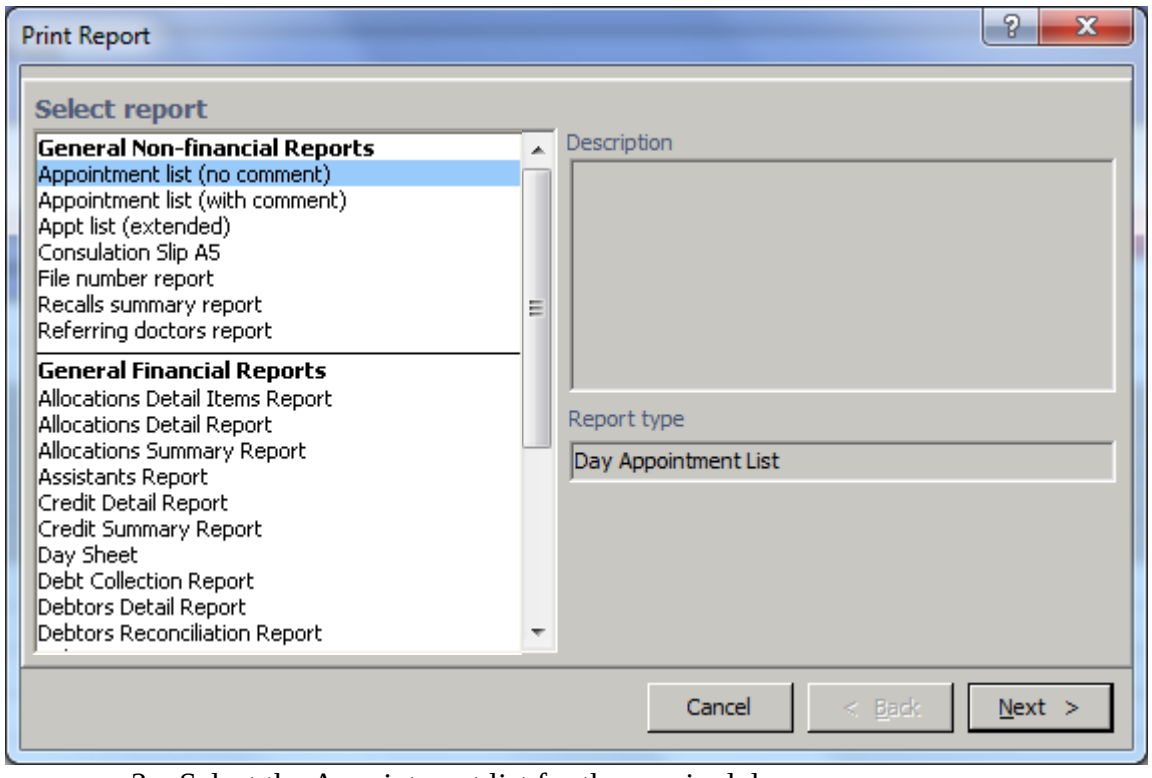
Printing Appointment Reports (Lists)

1. Forward to the required day using the Calendar control.



2. Click the printer icon, to bring up the reports screen.



3. Select the Appointment list for the required day.
4. Click to select an individual practitioner (or click All Practitioners).

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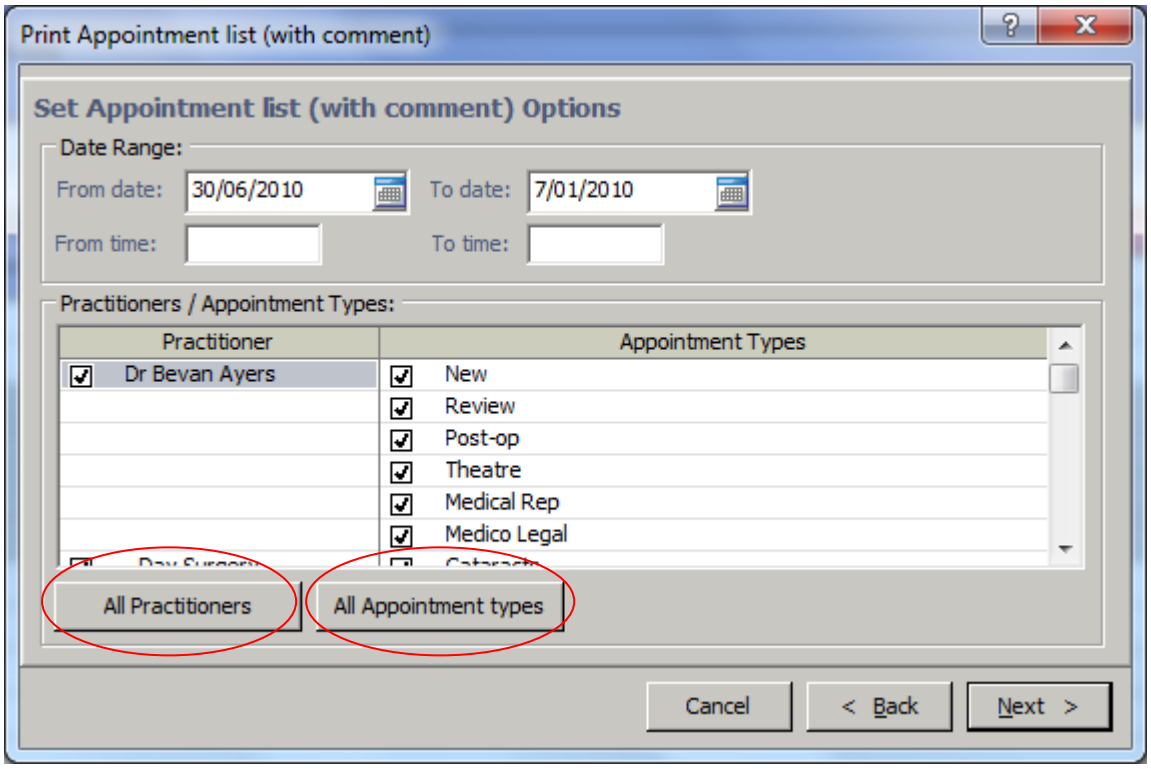
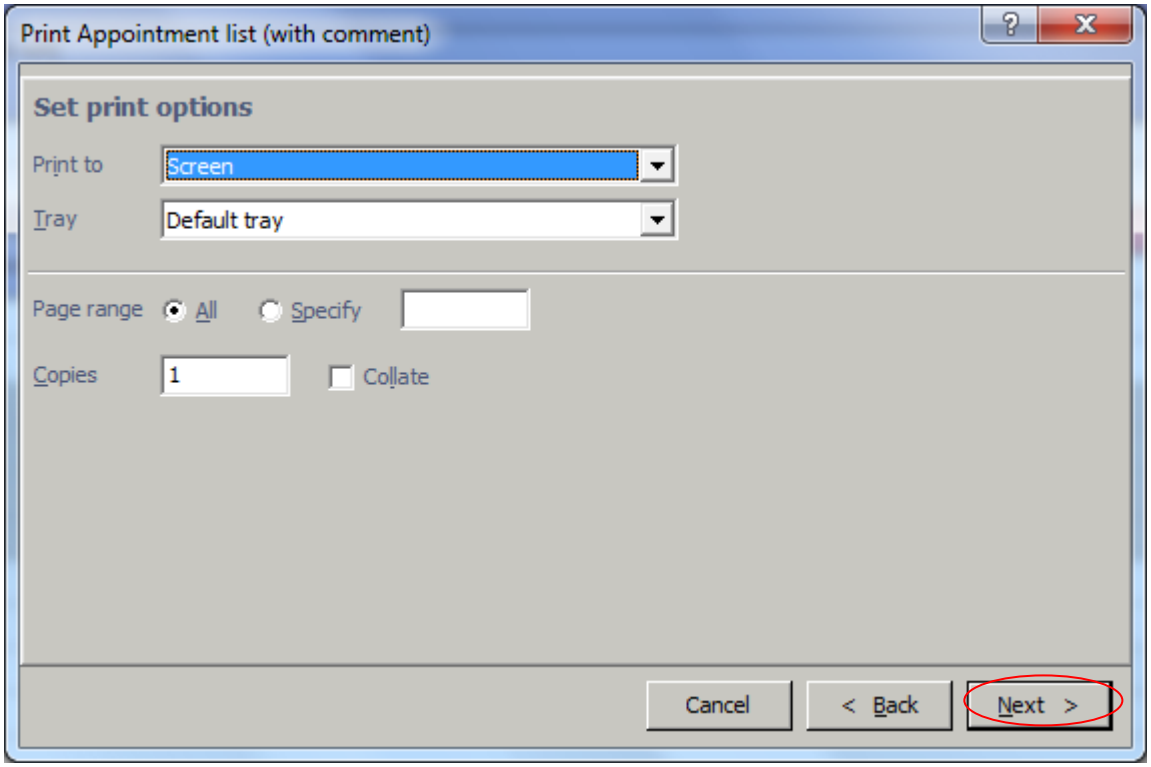
5. Click to select specific appointment types (or click All Appointment types).
6. Type or use the calendar control to set the date range
7. Click Next



8. Set the printer destination
9. Click Next



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Run: 30/06/2010

Dr Grant Kong
Thursday 7/01/2010

Time	Location	Duration	Type	Patient	Phone No.	File No.
9:30 am		30	New	Katrina Slazenger		86
10:00 am		30	New	Mr Blake C Tavener	9467 6183 9906 6633	
				Bring referral and Xrays		
11:00 am		15	Rev	Mr Happy Jones	4378 7878	26
11:00 am		30	New	Ms Emma Bird	95897415	93
				Bring referral. Patient to fill out details sheet on arrival		

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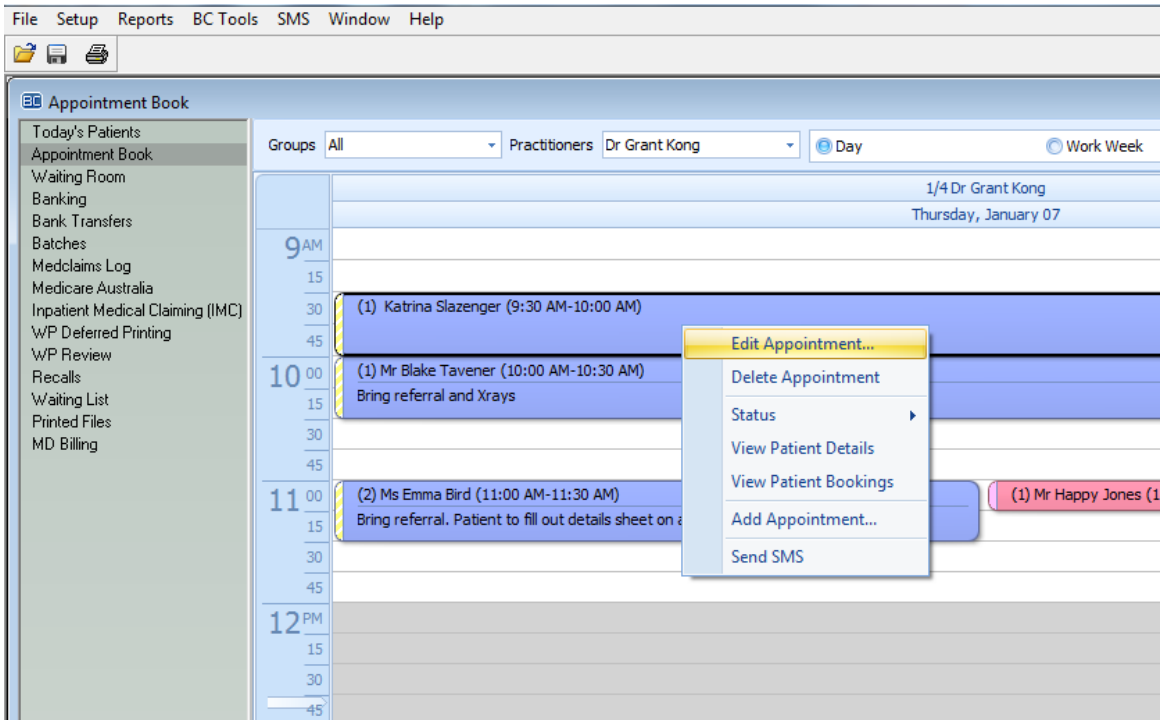
Modifying an Appointment

There are many ways to edit existing appointments. The outlook version of the Appointment book allows users to edit appointment times and durations directly on the screen as well as the procedure below:

Following are instructions to edit an appointment using the Edit Appointment Wizard.

To Edit an Appointment using the Appointment Wizard

1. Left click to select the appointment
2. Right click over the appointment to bring up the context menu



3. Click Edit

The screen shot below shows the Edit Appointment Wizard. Here the date, time and priority can be edited as well as adding or editing an appointment comment. Below will discuss how to use each of the Buttons/Icons on the Edit Appointment Wizard screen.

If the details are already known in advance, the can be typed over the existing date and/or time directly.

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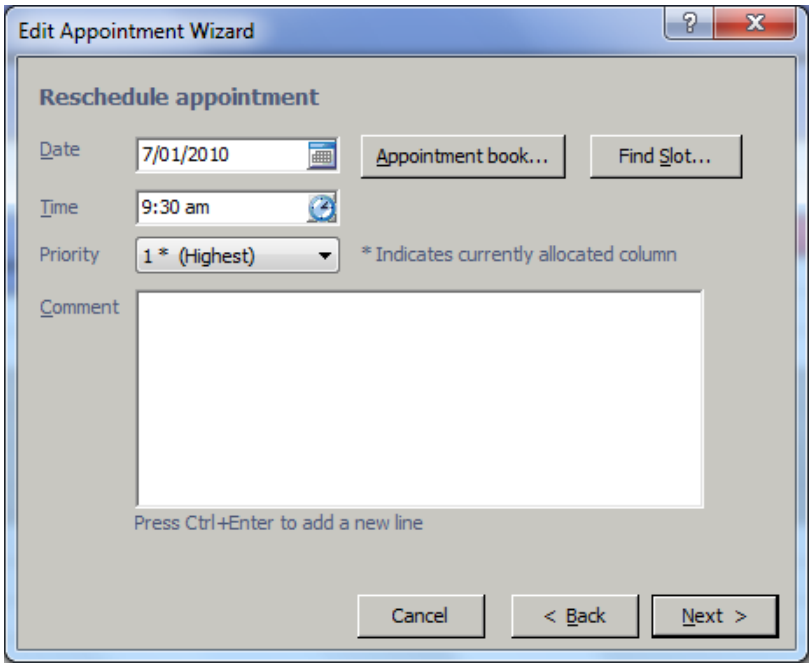
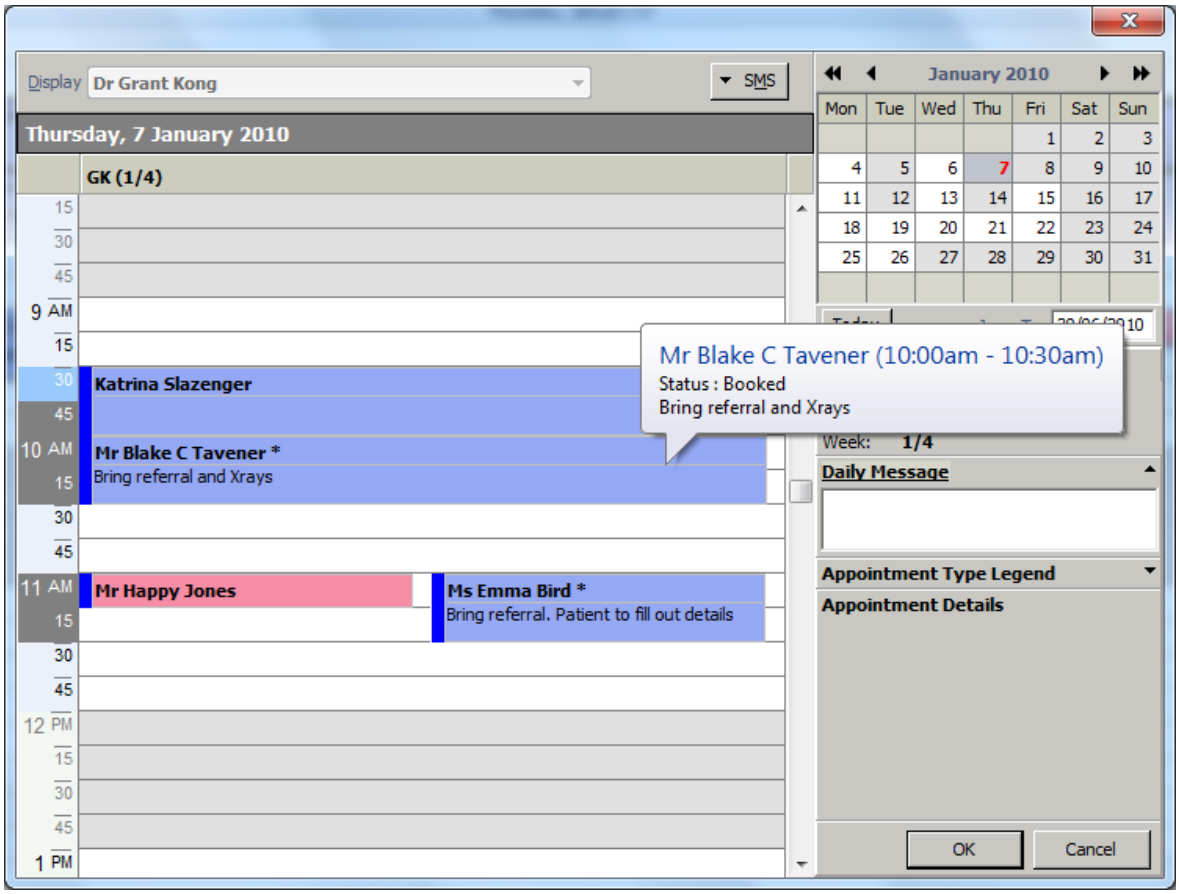


Using the Appointment Book Button

Clicking the Appointment Book button will show a smaller windowed appointment book. Use the calendar control to find a new suitable day (and time if required).



Click in the new appointment slot then click OK to move the appointment.

The program returns to the Edit Appointment Wizard.

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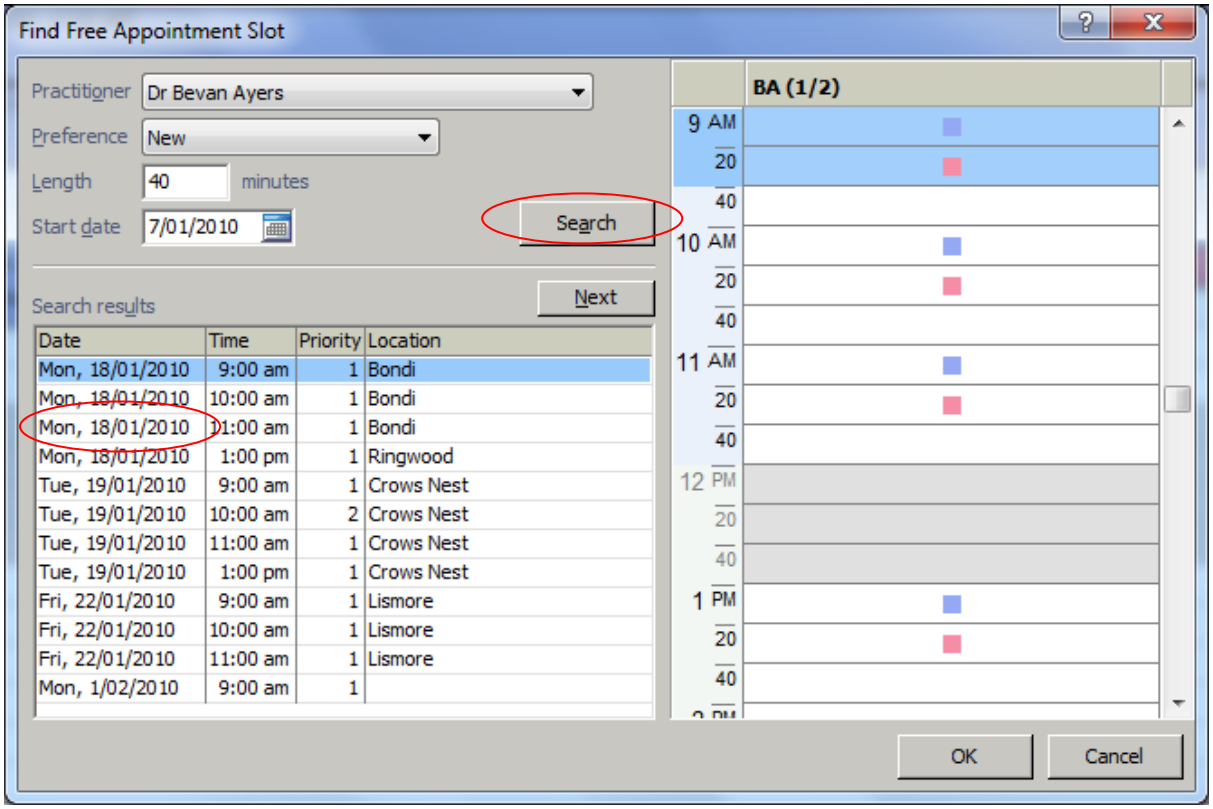
Using Find Slot Button

The Find Slot feature will only work if the practice has entered predetermined appointment times into their plan. For example; a doctor may wish to see New patients on the hours and Follow ups in the remaining time of the hour, post ops after lunch (see below)

1. Clicking the Find Slot button launches the Find Free Appointment Slot screen.
2. Click Search to display Available appointment times for that particular type of appointment.



3. Clicking Next will display the next week of available appointments (dates depend on the practitioner's cycle)
4. Select your appointment slot by either clicking the dates and times on the left panel and click OK or click on the time slot in the right hand panel and Click OK.

The program returns to the Edit Appointment Wizard

Changing the Appointment Date using the Calendar Control

1. Clicking the Calendar icon at the end of the date field will display a mini calendar. This will show open sessions.

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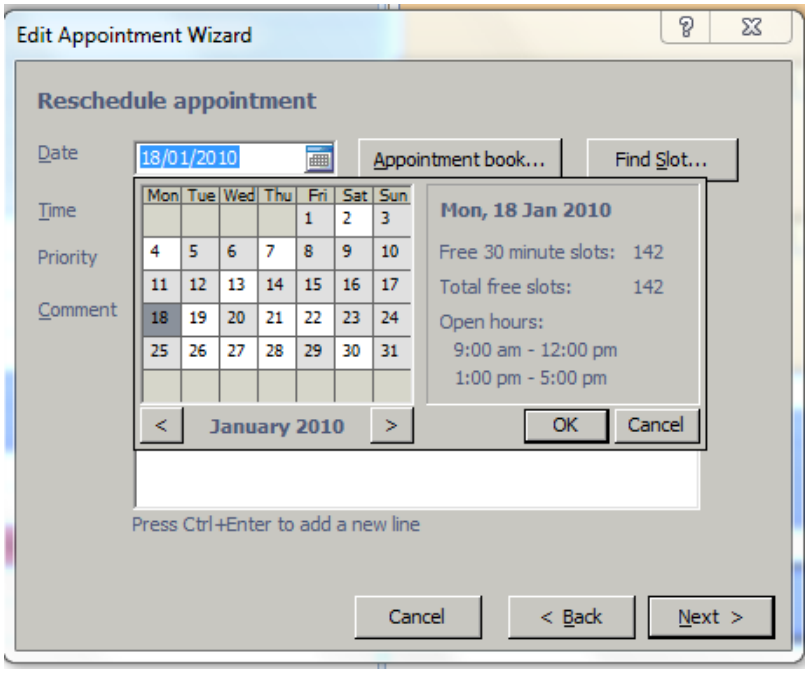
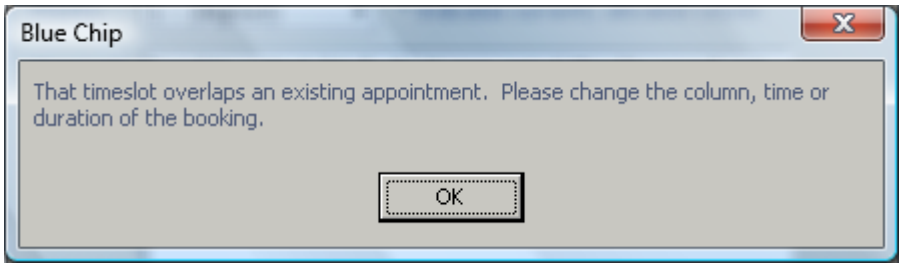


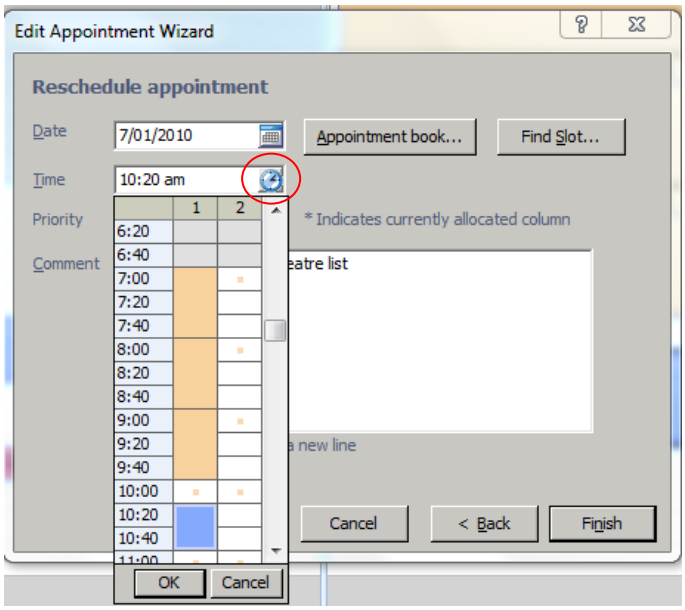
If the time clashes with the new date a message similar to that below may appear (depending on how Blue Chip is configured).



2. At this point change the appointment time (if the day is still required) See next

Changing the Appointment Time using the Time control

1. Click the Time icon at the end of the Time field to display the free appointment times for the date as displayed in the date field.



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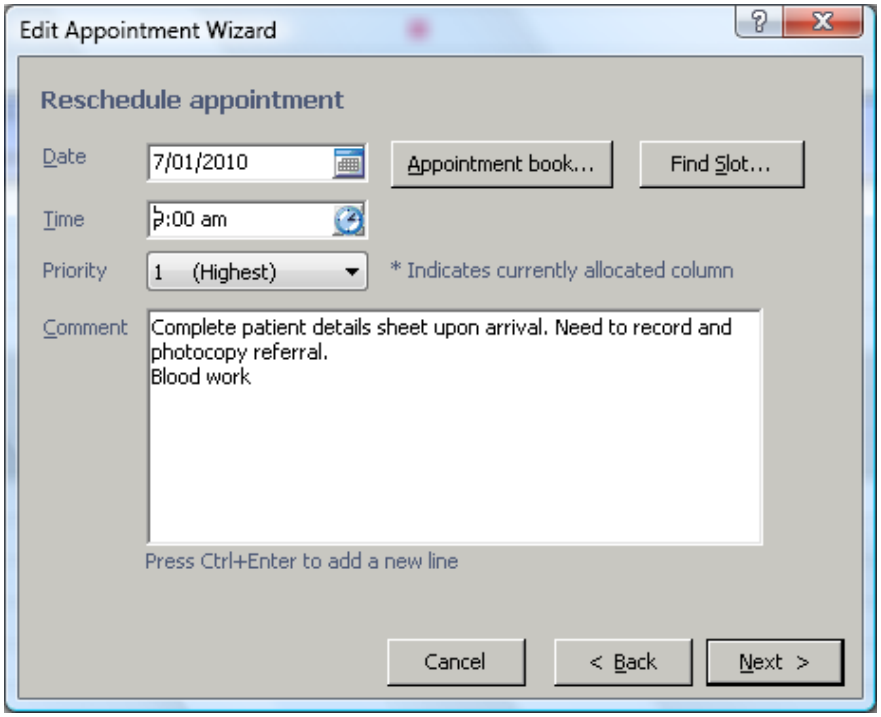
2. Click to select an available time
3. Click OK to confirm the time

The program returns to the Edit Appointment Wizard

Depending on how your Blue Chip is configured, the Appointment priority will automatically default to 1 – Highest if it does not clash with another appointment. If the appointment is placed in column 2 (see above screen shot), the Appointment Wizard will record the Priority as 2 – Lowest.



4. Click Next (and Finish if there are no referrals associated with the appointment yet)

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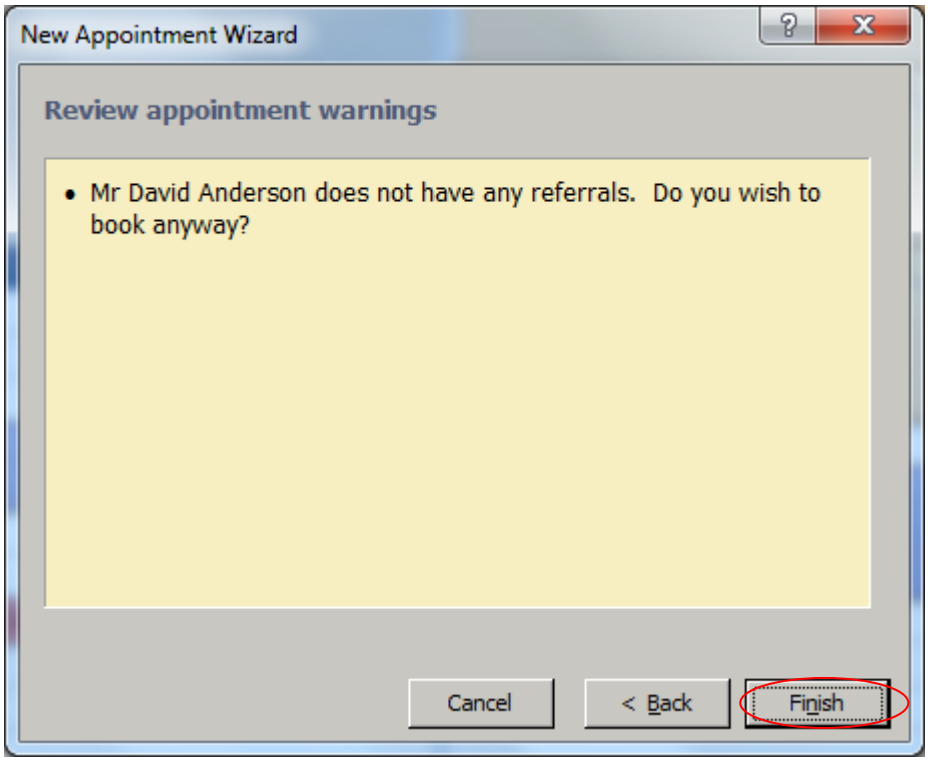
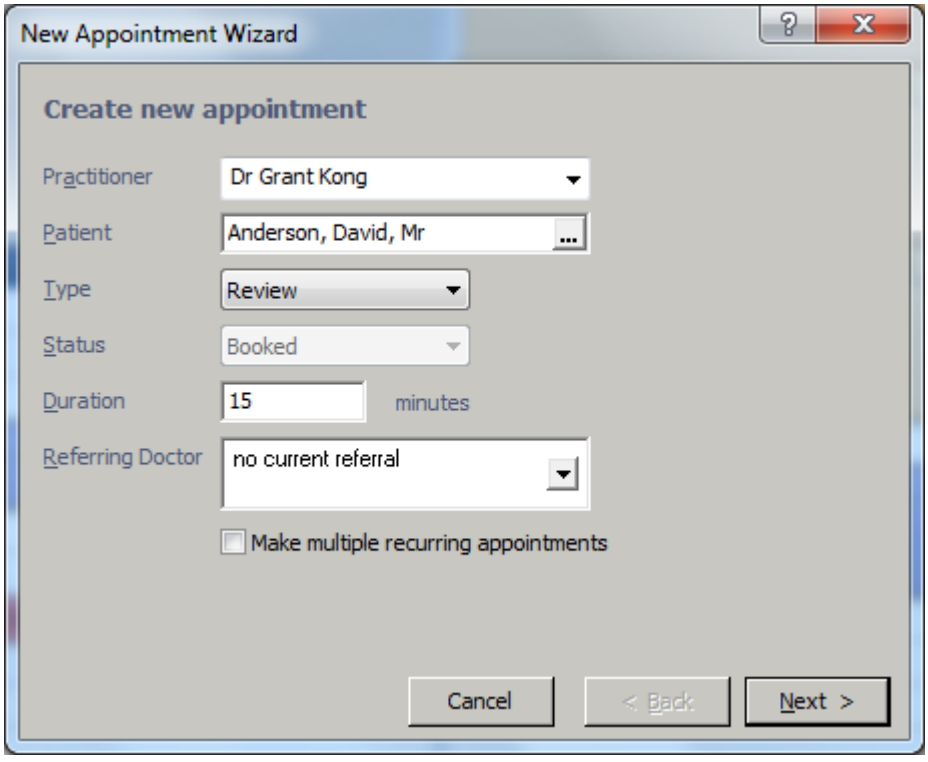

New Appointment Wizard
Review appointment warnings
• Mr David Anderson does not have any referrals. Do you wish to book anyway?
Cancel
< Back
Finish

Modifying the Appointment Type/Practitioner/Patient

Looking carefully at the Edit Appointment Wizard, the wizard opens on the second screen of the New Appointment Wizard (see above). By clicking the Back arrow, earlier defined aspects of the appointment can be edited.

Clicking Back (see above) allows editing of the first appointment screen



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On this screen:

Practitioner	can be changed to another available in the drop down list
Patient	can be changed by typing a new surname and press the {Tab] key or clicking the 3 dot button to open the Search Patient facility.
Type	can change the Appointment type
Status	can change the patient's status from booked to waiting, in consultation, departed or no show (see Using the Diary in Session)
Duration	can be changed or extended if a longer appointment is required

Click Next to forward through the Wizard to the end to accept the modifications.

To Directly Edit an Appointment in the Appointment Book

Moving an Appointment

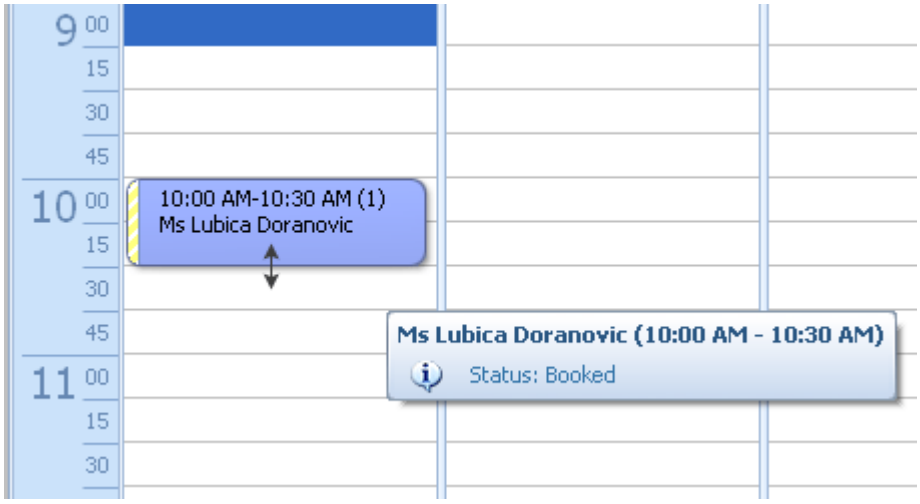
The drag and drop method will only work when moving appointments to either a different time slot or different Practitioner if these are displayed on the screen at the time. (It is best demonstrated via help video). To move the appointment to a different date, please refer to the Edit Appointment using the Appointment Wizard section above).

1. Left click and hold the mouse button down to select the appointment to move.
2. Drag the Appointment to the required available time slot
3. Release the mouse button

Changing the Appointment Duration

This method allows the appointments duration to be changed directly on the Appointment Book. The duration time is determined by the default unit of time as indicated on the Appointment Book's timeline. (This action is best viewed via the help video)

1. Left click to select the appointment
2. Hold the cursor over the bottom of the appointment so that the cursor changes to a double-headed arrow (see below).



3. Drag to extend or contract the appointment's duration as required.

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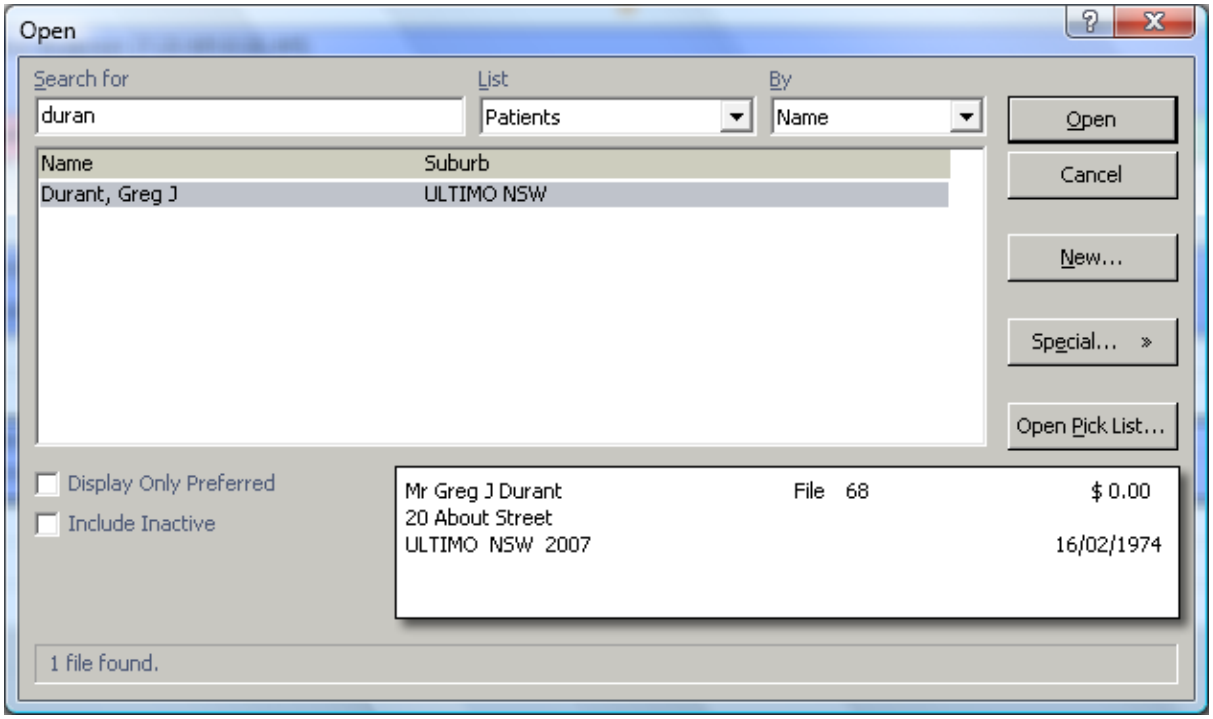
Finding an Appointment

A common occurrence is when a patient telephones the practice when they have forgotten or lost the date of their next visit. Instead of searching the appointment book, the quickest and most efficient method is to use patient bookings.

1. Open the patient search and type in the patient's surname



2. Click open to open their patient details
3. Click Bookings from the left margin menu

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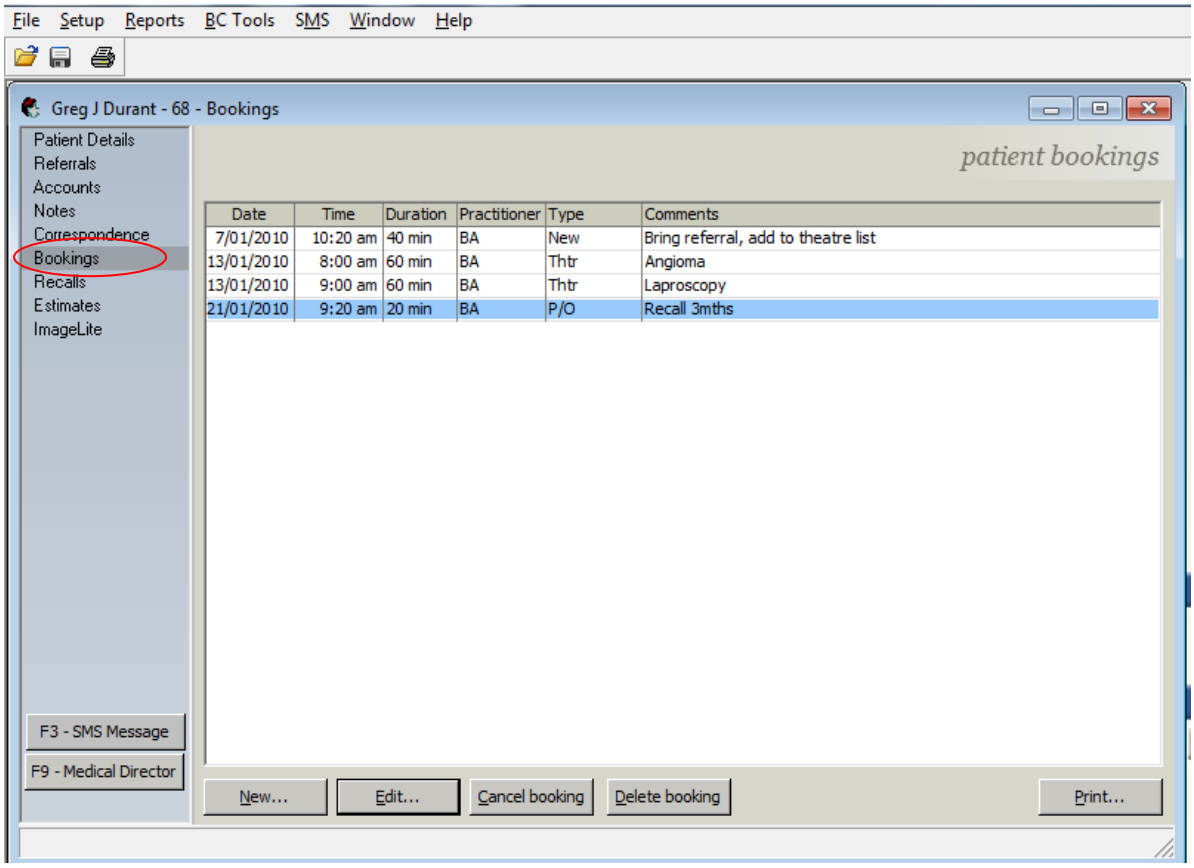
File Setup Reports BC Tools SMS Window Help
Greg J Durant - 68 - Bookings
Patient Details
Referrals
Accounts
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
patient bookings
Date Time Duration Practitioner Type Comments
7/01/2010 10:20 am 40 min BA New Bring referral, add to theatre list
13/01/2010 8:00 am 60 min BA Thtr Angioma
13/01/2010 9:00 am 60 min BA Thtr Laproscopy
21/01/2010 9:20 am 20 min BA P/O Recall 3mths
F3 - SMS Message
F9 - Medical Director
New... Edit... Cancel booking Delete booking Print...

From this screen, the patient's past and future appointments are listed, and they can be printed but using the Print button on the bottom right of the screen.

Cancelling an Appointment

Below are the steps involved in cancelling an appointment. A line will be drawn through the patient's bookings and the appointment book will free up the previously occupied appointment. It doesn't take into account any legitimate reason the patient may have had for cancelling. To accommodate this, before going to Status, click 'Edit Appointment' and add the reason to the appointment comment. Then when the appointment is cancelled, the reason appears in the patient's bookings history.

To cancel an appointment directly from the Appointment book:

1. Left click to select the appointment
2. Right Click to display the context menu
3. Choose Status, then Cancelled

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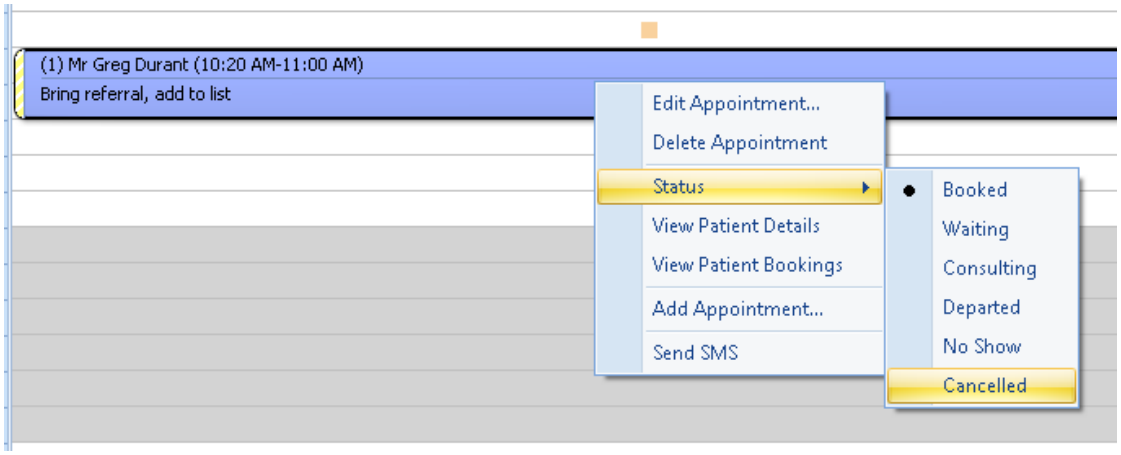
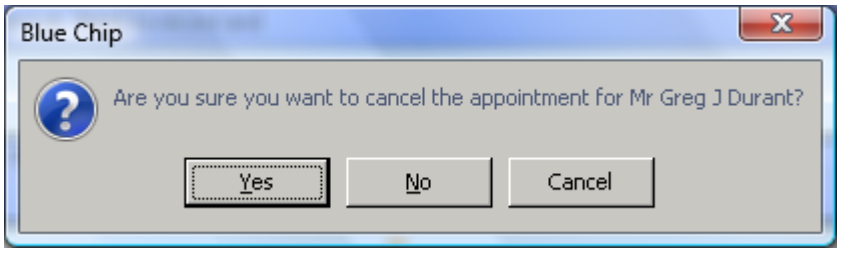
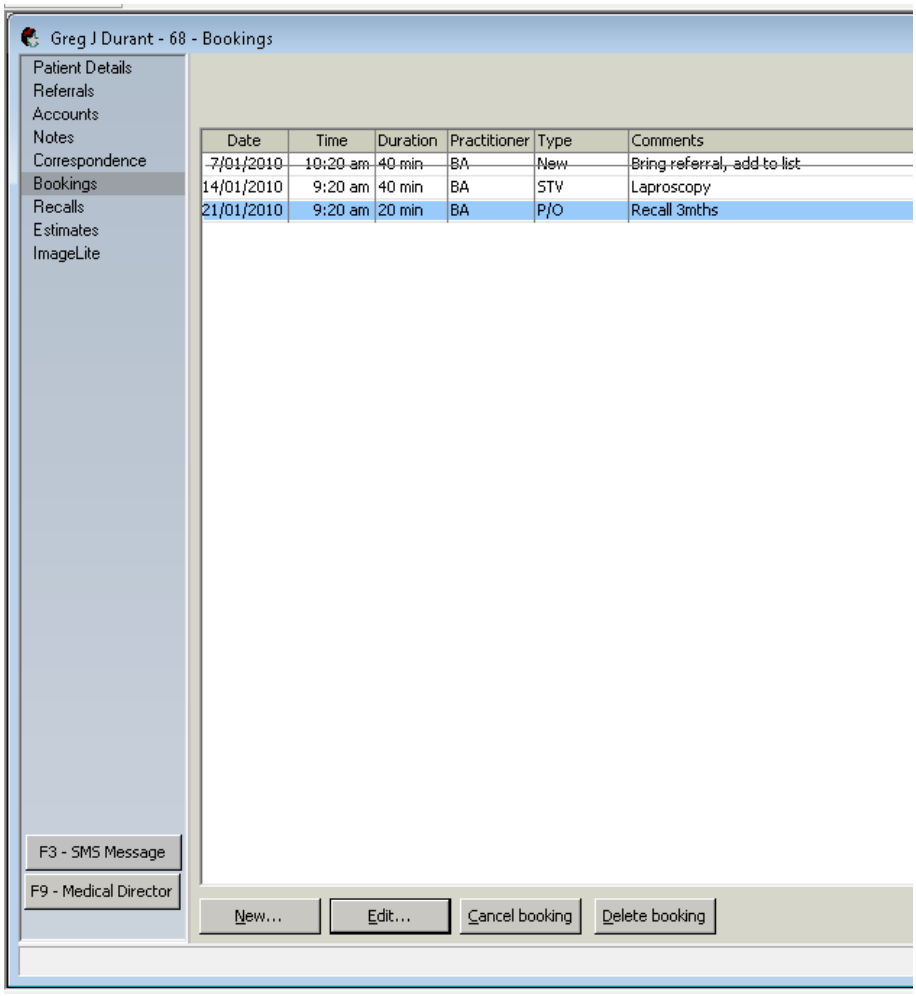


4. Click Yes to confirm the cancellation



The time slot is freed up in the appointment book and the patient's booking record will show that they cancelled the appointment



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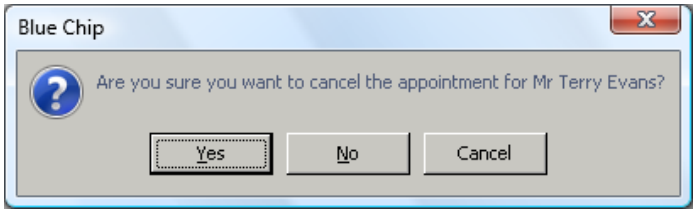
Alternatively

Navigate to the patient's bookings in the Patient Details (follow the steps on Finding an Appointment) and Click the Cancel booking button (see screen capture above).

Click Yes at the following prompt



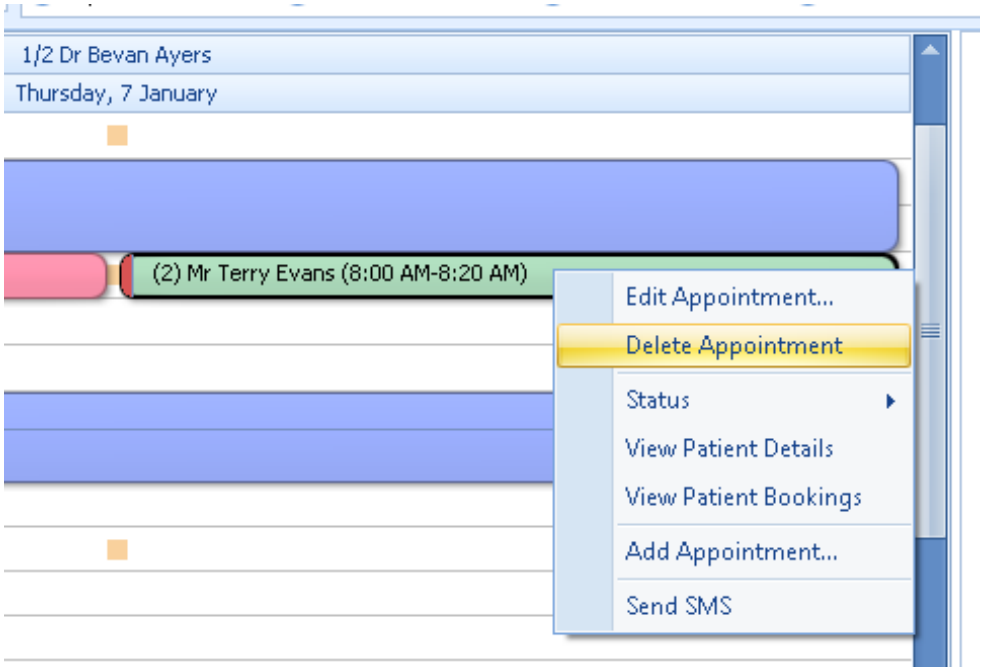
Deleting an Appointment

Using the Delete Appointment functionality means that there is no record of the appointment being made in the first instance and should only be used if there is a data entry error and the practice does not wish to retain the record.

It is recommended that the Cancel Appointment feature be used predominantly, it is especially beneficial to the practice when a patient has a reputation of cancelling their appointment all the time. It allows the practice to perhaps be not so accommodating next time.

To delete an appointment from the Appointment book

1. Left click to select the appointment
2. Right Click to display the context menu
3. Choose status, then Delete



Alternatively

Navigate to the patient's bookings in the Patient Details (follow the steps in Finding an Appointment) and Click the Delete booking button (see screen capture below).

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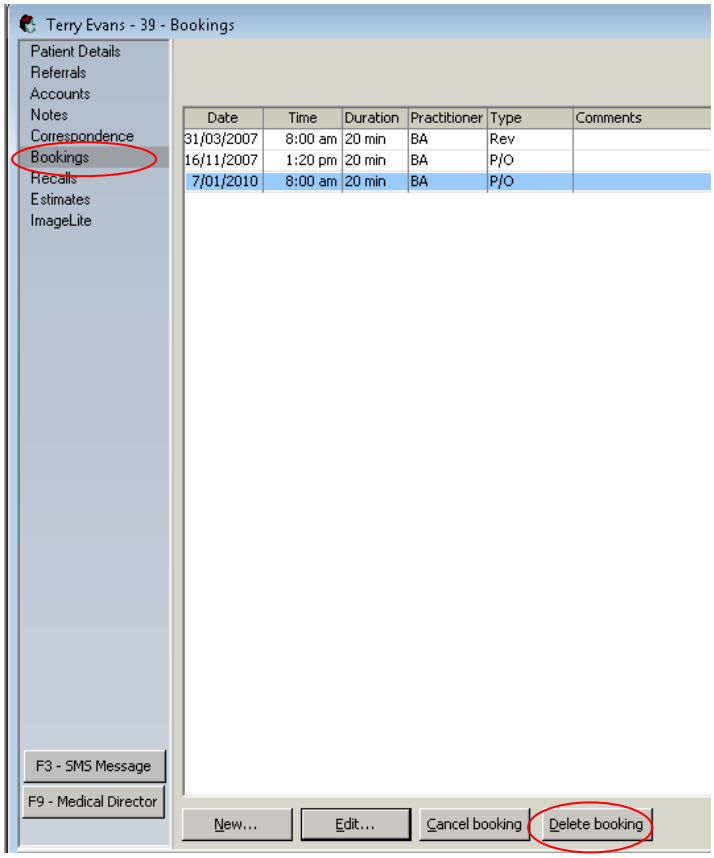
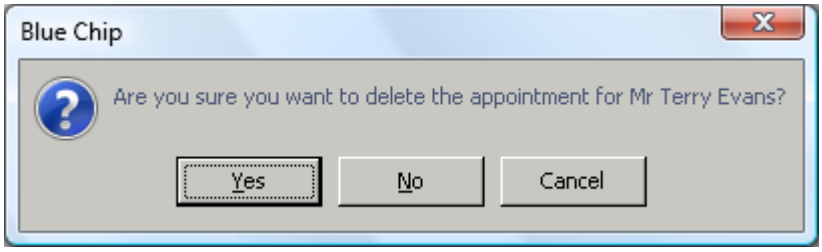


Click Yes at the following prompt



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Setting up Automated SMS

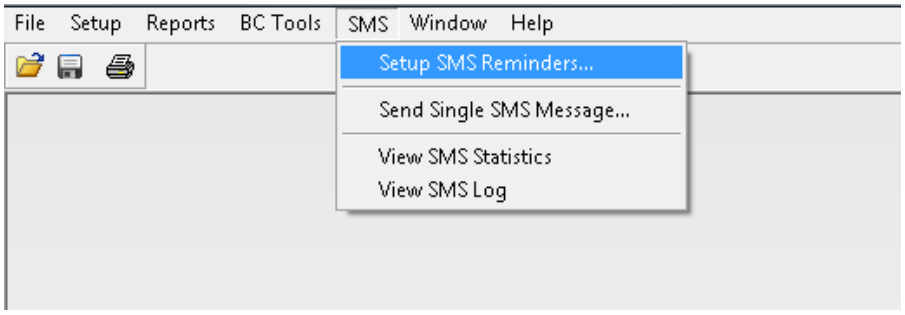
The following visual guide is to assist with setting up with the Blue Chip's SMS reminder service. By the end of this document, the SMS reminder system will be configured to be fully automated. It will send SMS reminders to the patients at the designated interval without any user intervention. Blue Chip will also generate a list of any patients who were unable to be contacted.

Upon opening Blue Chip, a prompt appears to register for SMS reminders. Note this can be turned off.

SMS Registration
SMS reminders are now available in Blue Chip. To use this facility, registration and setup is required. Would you like to perform these tasks now ?
Do not show this message again to any user
Yes
No

From the main Blue Chip screen,

1. Select SMS from the pull down menu
2. Select Setup SMS Reminders



3. At the registration screen, your Practice ID and Account name will automatically appear in the Account Details section.

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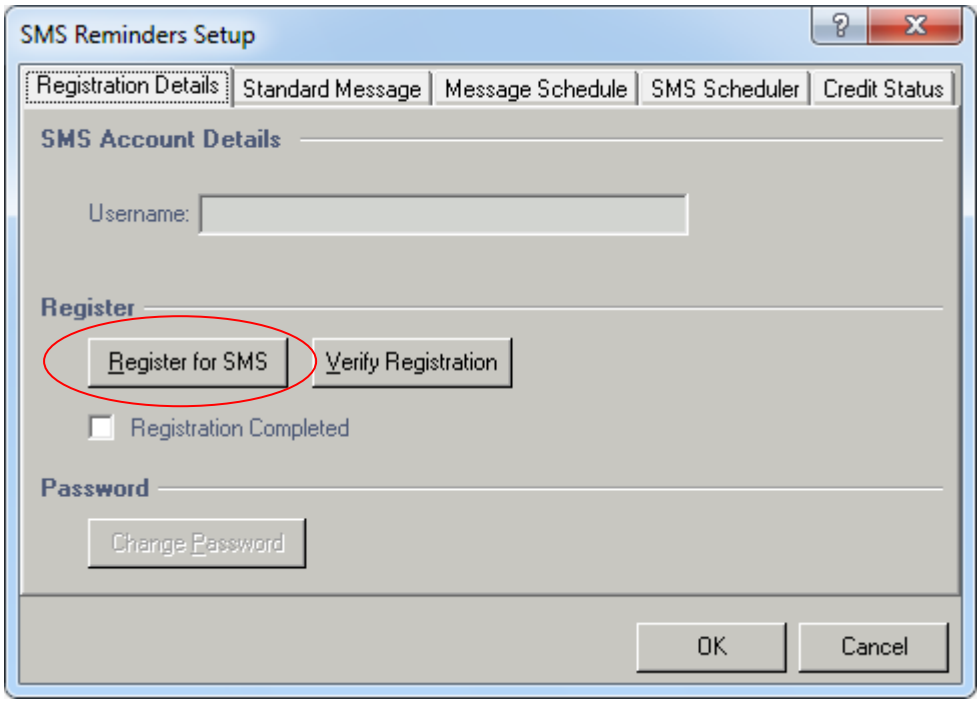
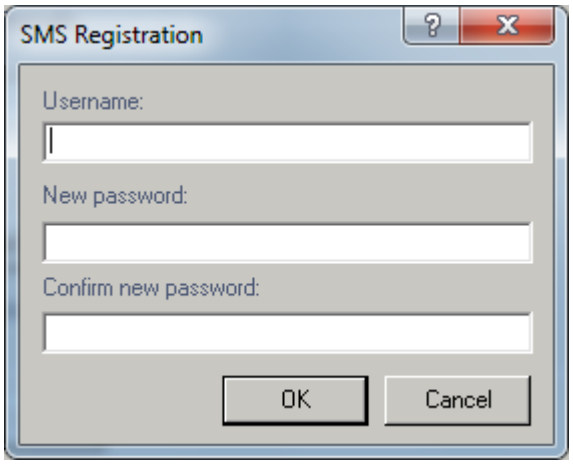


4. Click on the Register for SMS Button



5. Create an SMS password and type it into the New Password area
6. Retype the SMS password exactly as you did in the previous area
7. Click OK
8. The registration information entered will be validated immediately. If any part of the information is found to be invalid, a prompt will appear to re- enter the information.
9. Otherwise, the default internet browser on your computer will open and attempt to connect with the Blue Chip/Message Net web page for SMS registration. The registration form will already have been populated with the Practice ID and Practice Name.

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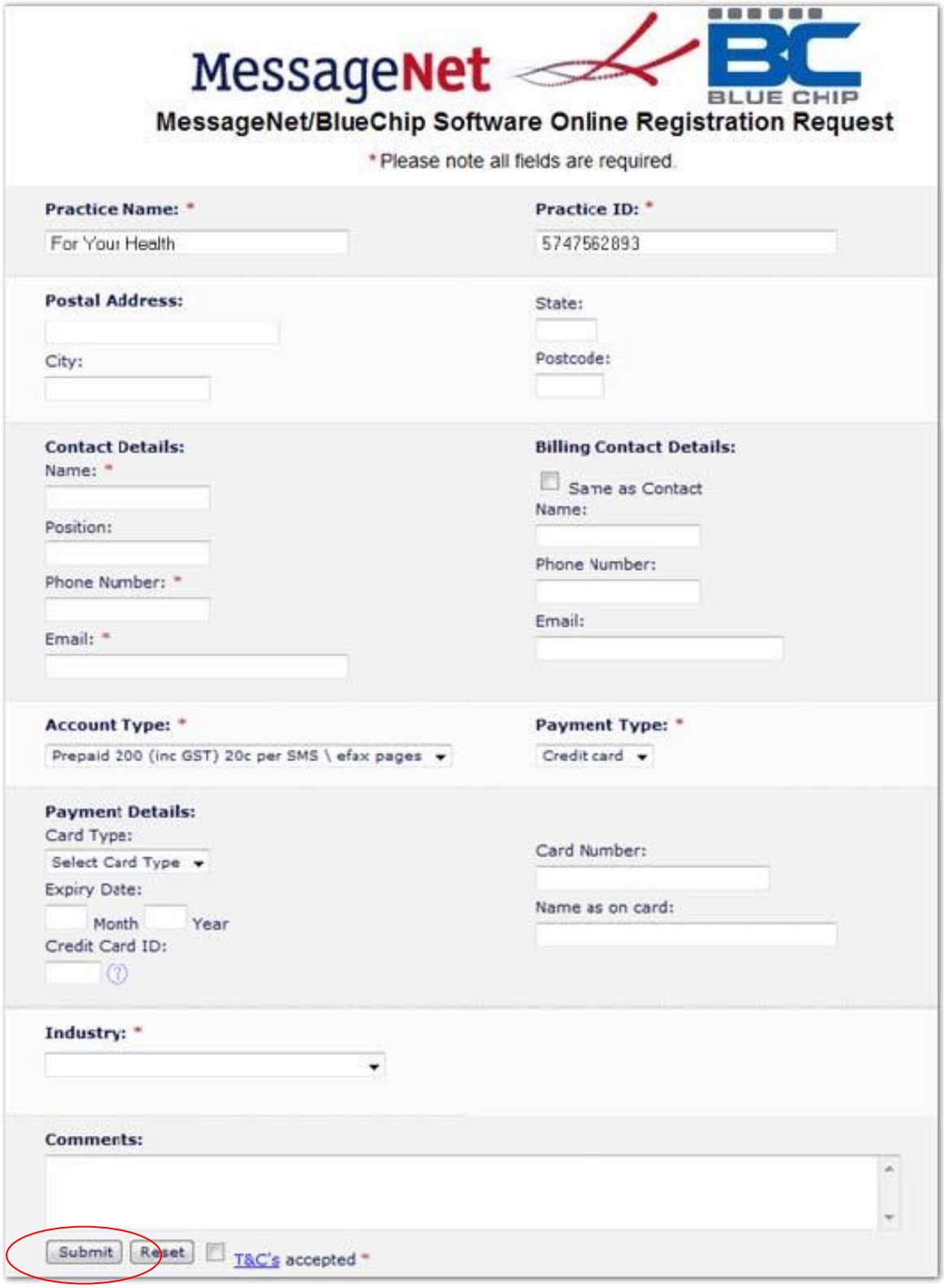

10. Complete the registration form and Click Submit.
    A verification email will be sent to the email address specified in the registration form.
11. Once the verification email has been received, navigate back to Blue Chip and click Verify Registration

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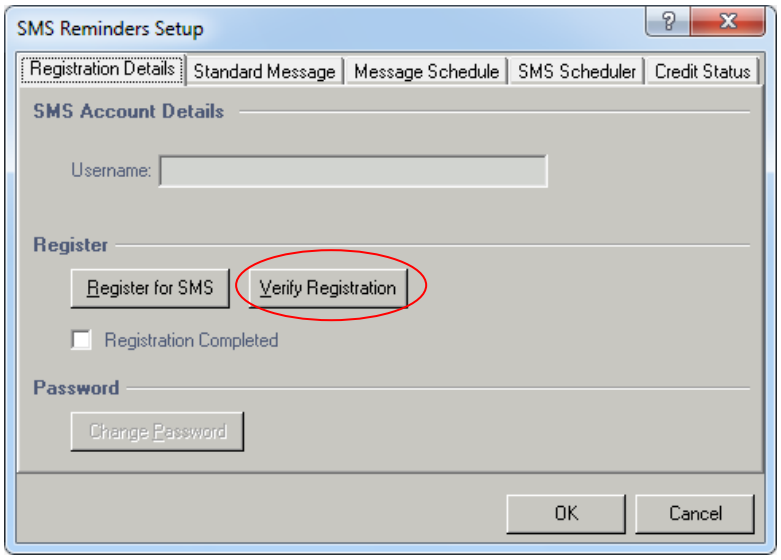
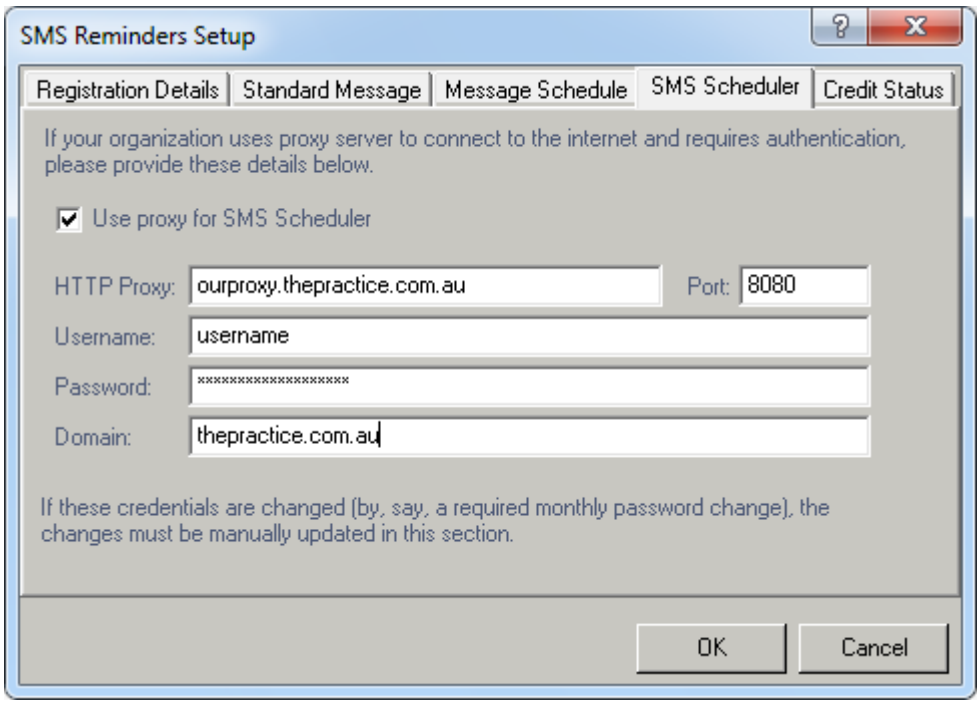


12. Upon successful verification, the Username field will be populated with the chosen user name and the Registration Completed checkbox will be ticked.
    At this point, the password can be changed if required as the Change Password button is enabled.
13. The following prompt will appear requesting setup of proxy settings. (Consultation with the practice's IT support person maybe required for this step). The practice may not use a proxy server in which case this step may be skipped

Blue Chip
Registration for SMS Reminders successfully completed, please complete the Proxy settings in the SMS Scheduler tab.
OK



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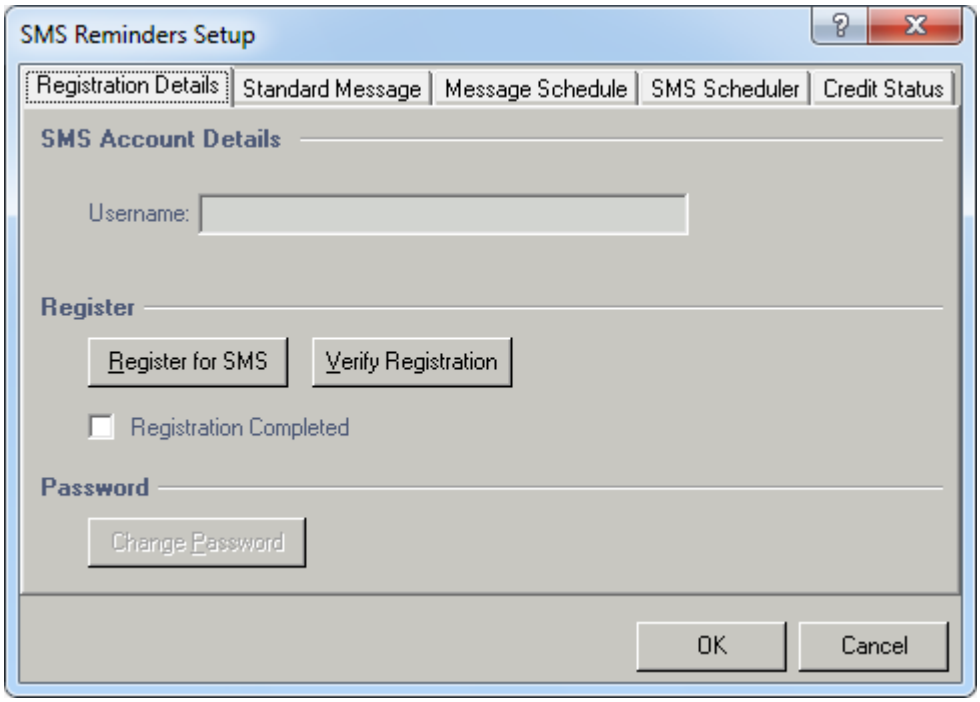
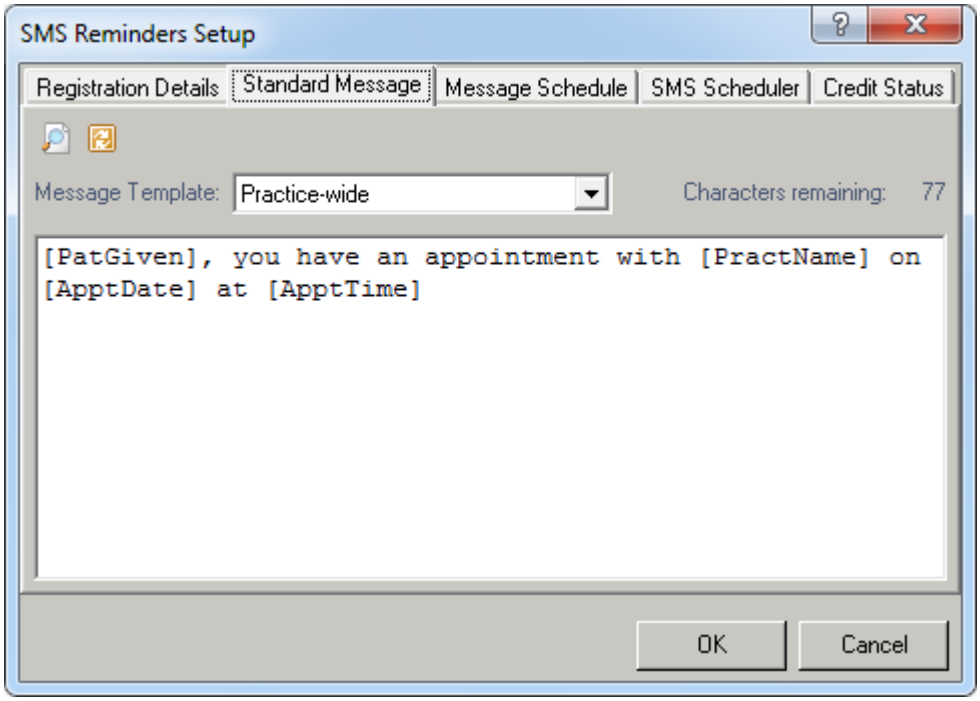
Configuring Automated SMS Reminders

Click the Standard Message tab



You can accept the Practice-wide message (as shown) or create your own message.



Use the special codes (the words in square brackets exactly) to transfer the data in Blue Chip into your message automatically. You can select them from a list by right-clicking in the window.

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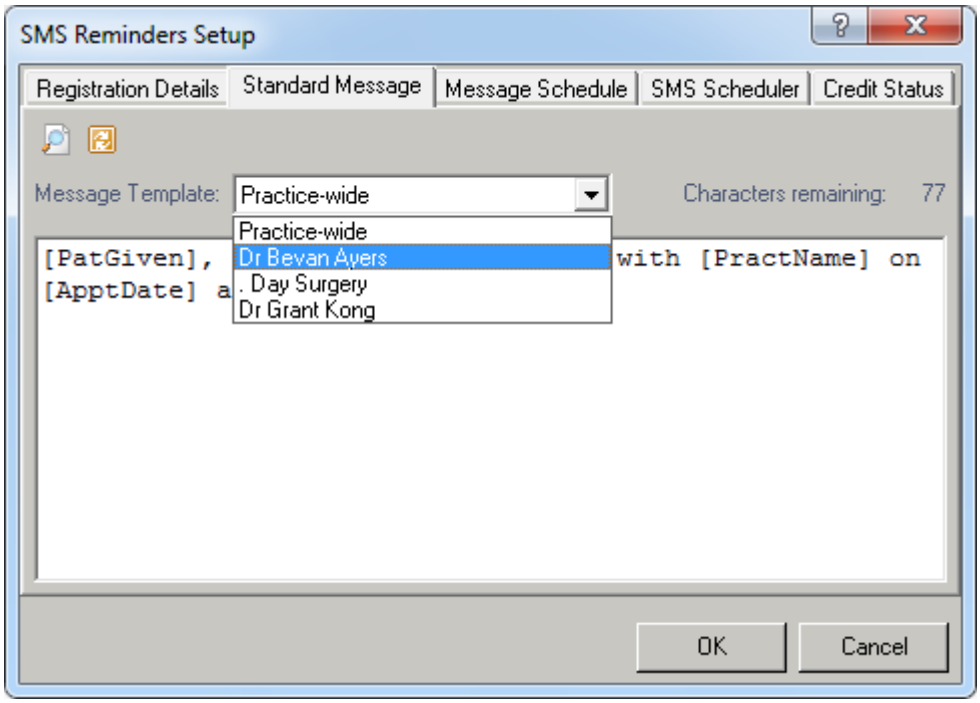
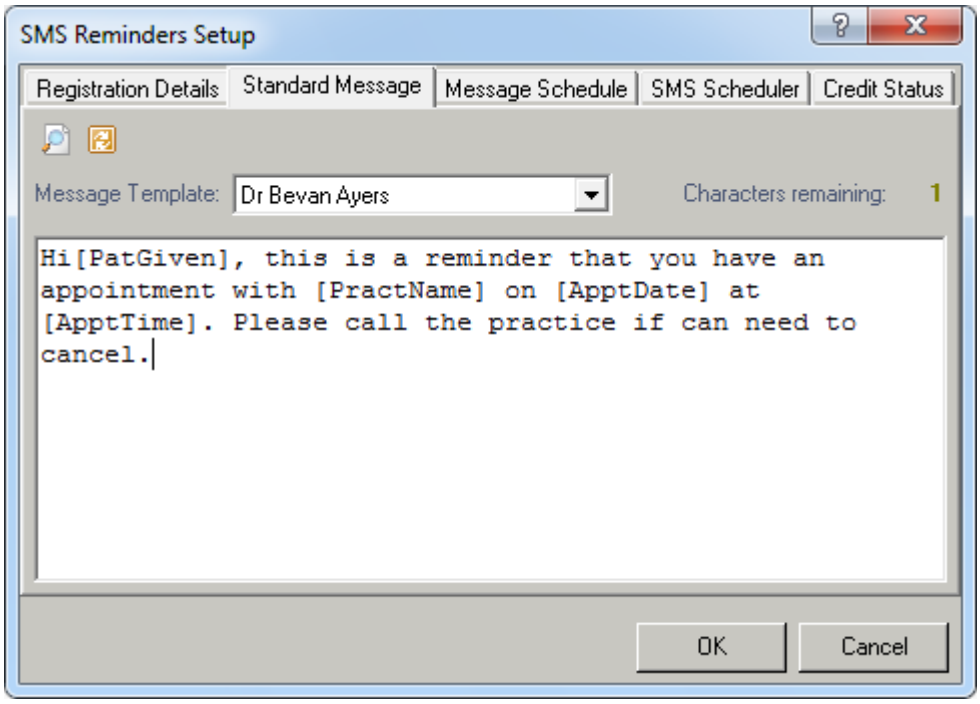


Messages can be customised for each practitioner.



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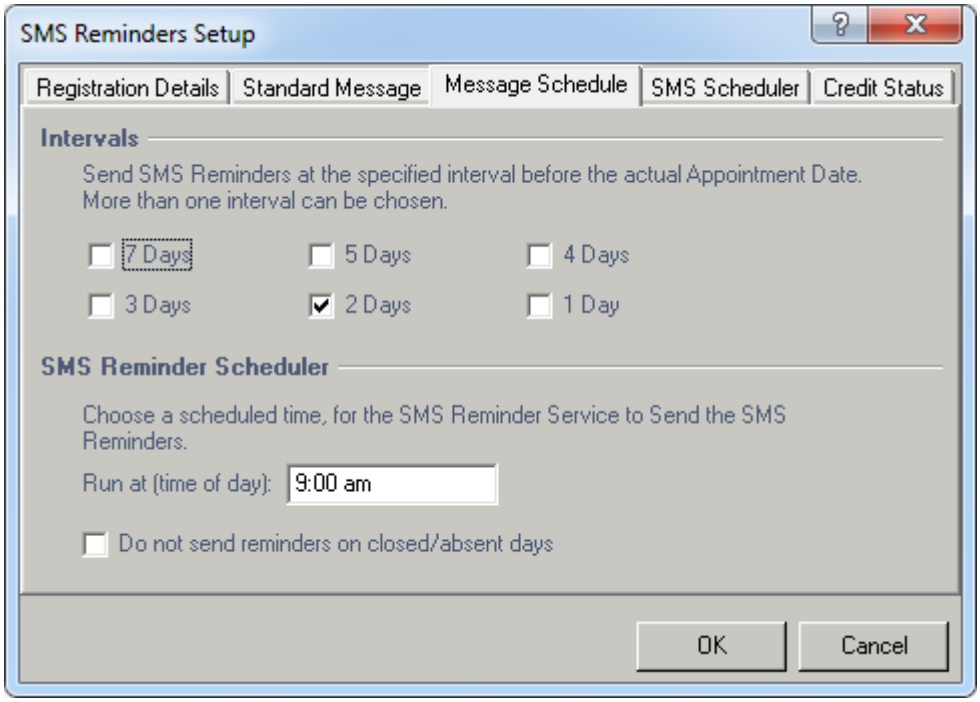
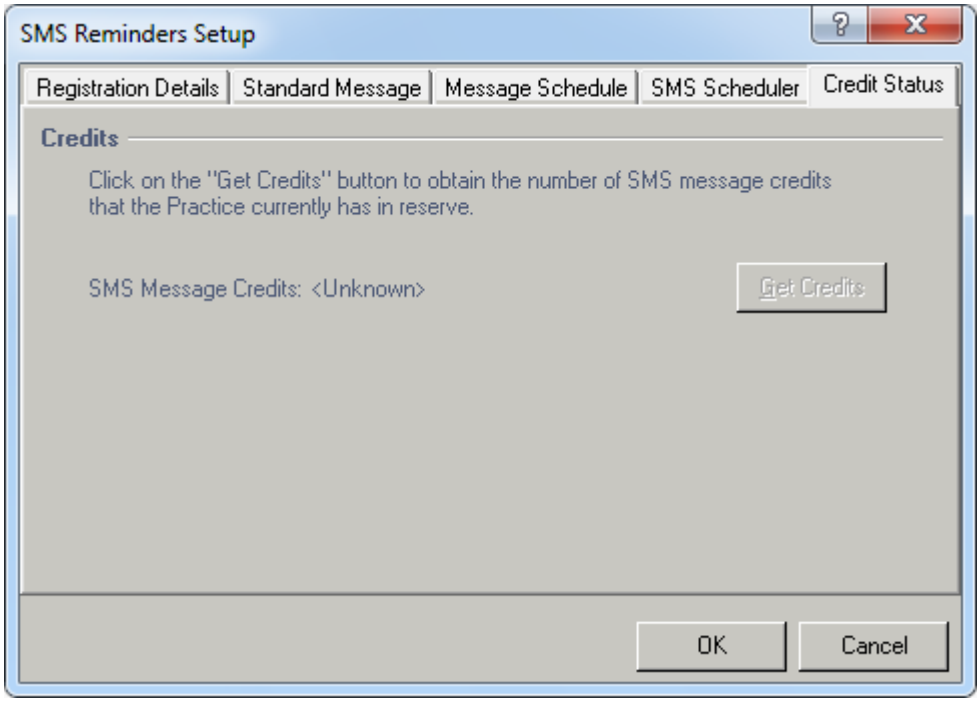
The Message Schedule determines when the reminders are sent



The interval between the reminder and appointment day can be changed along with the time the reminders are sent (Remember Blue Chip can accommodate individual and bulk SMS messages).

The Credit Status tab enables a means to check how many SMS credits the Practice has in its account. To Get Credits, follow the steps listed over.



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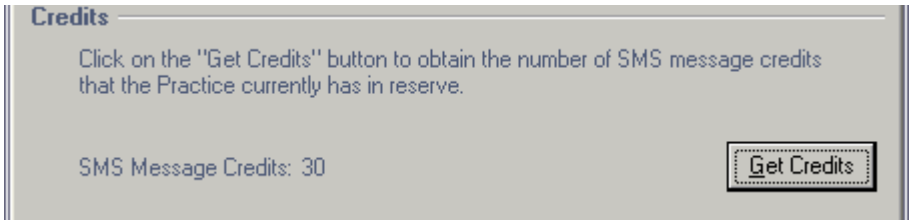
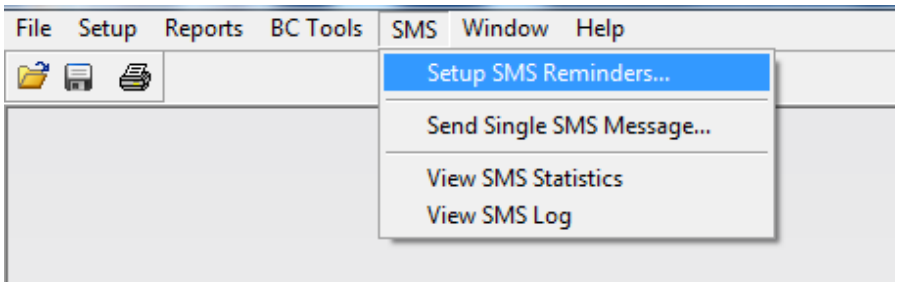

Credits
Click on the "Get Credits" button to obtain the number of SMS message credits that the Practice currently has in reserve.
SMS Message Credits: 30
Get Credits

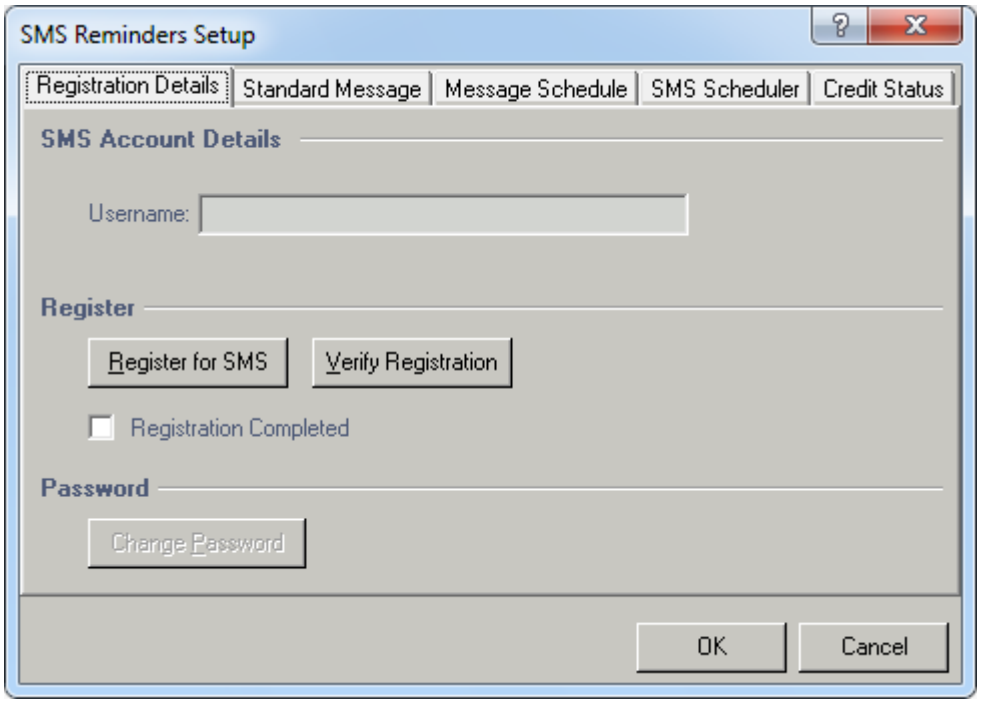
1. Click Get Credits button
2. Click OK to exit the screen.

If you accidently exit out of any of the screens shown:

Click SMS→Set SMS reminders



To get back to this panel:



Note ~ To turn off automatic SMS messaging, deselect all of the tick boxes in the SMS Reminder Setup box. An individual practitioner can also opt-out of reminders completely or for individual appointment types via Setup→ Practitioner →Practitioner Details→ Appointments.

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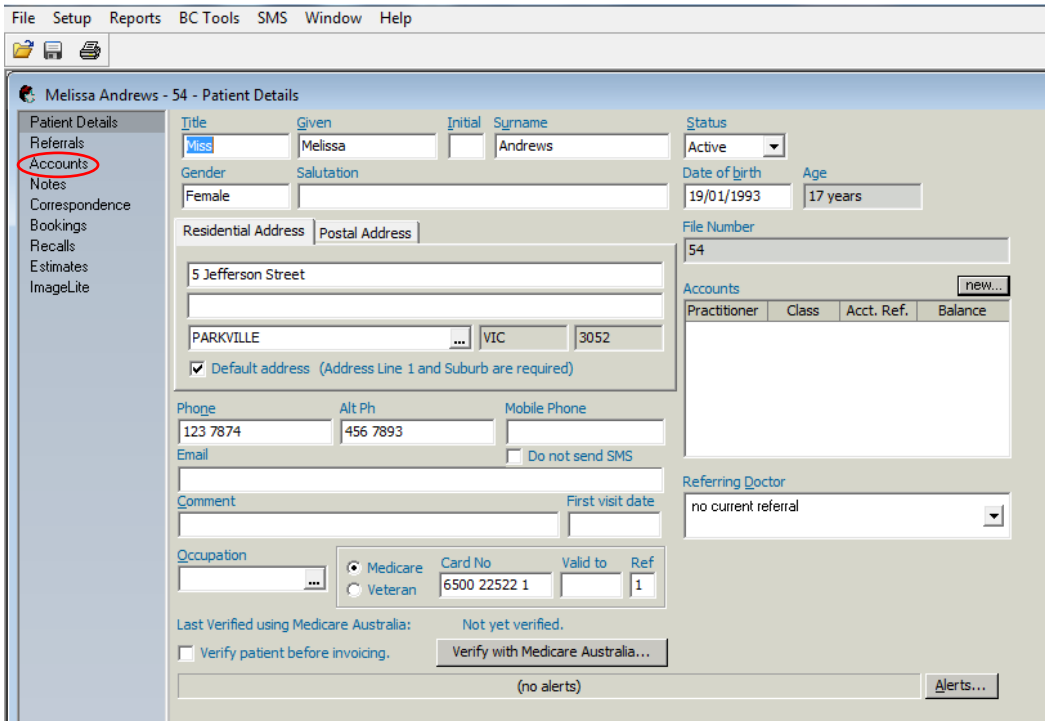
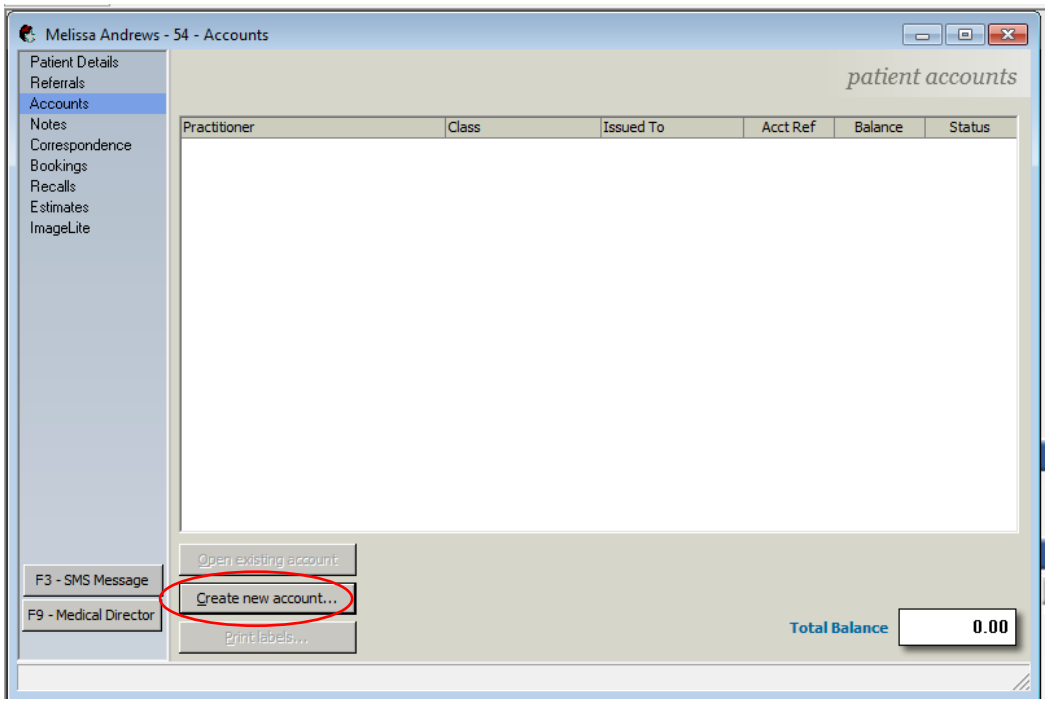
Creating Accounts

Creating a Private Patient Account

From within the Patient Details screen,



1. Select Accounts from the Margin Menu (left hand side)



2. Click Create New Account

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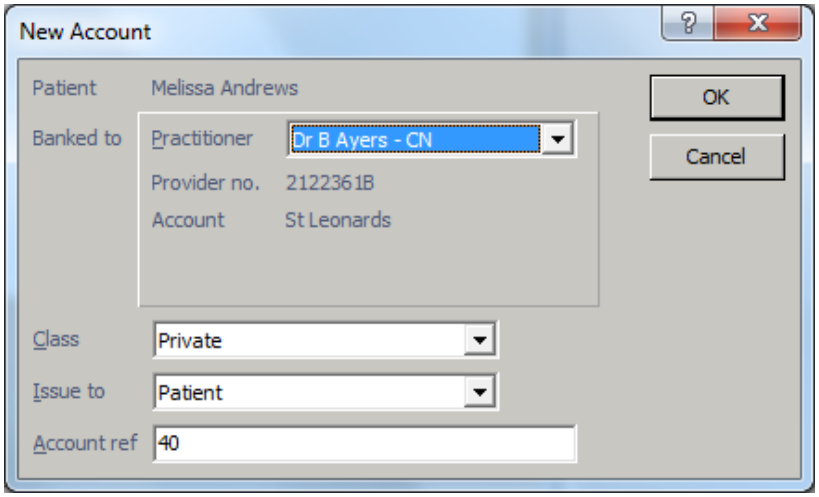

3. Select the Practitioner from the drop down options
4. Select the Class of account (Private) and to whom the account will be normally issued to
5. Click OK

Entering Private Heath Fund Membership details

If the patient has Health Fund Membership, complete the following steps.

1. Select New from the drop down menu
2. Type the Health Fund's name where indicated and press [Tab] or press the 3 dot button (list button) to select a name from the list

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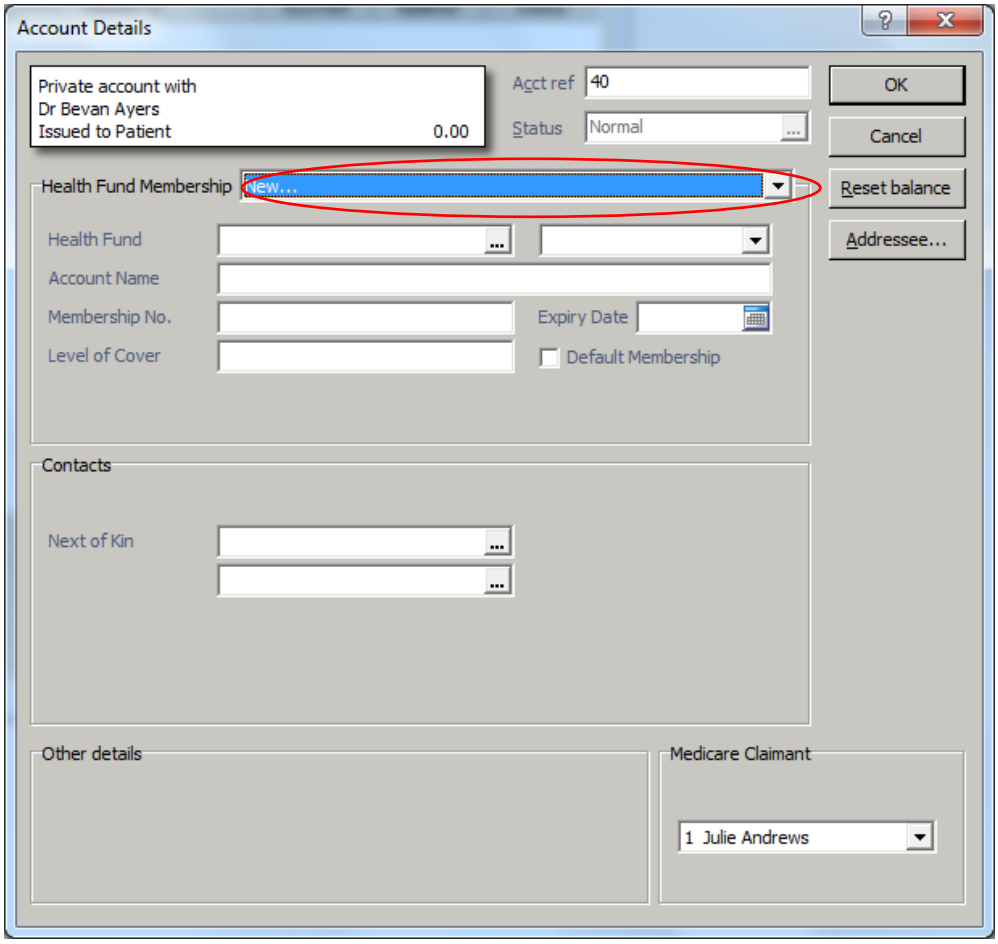

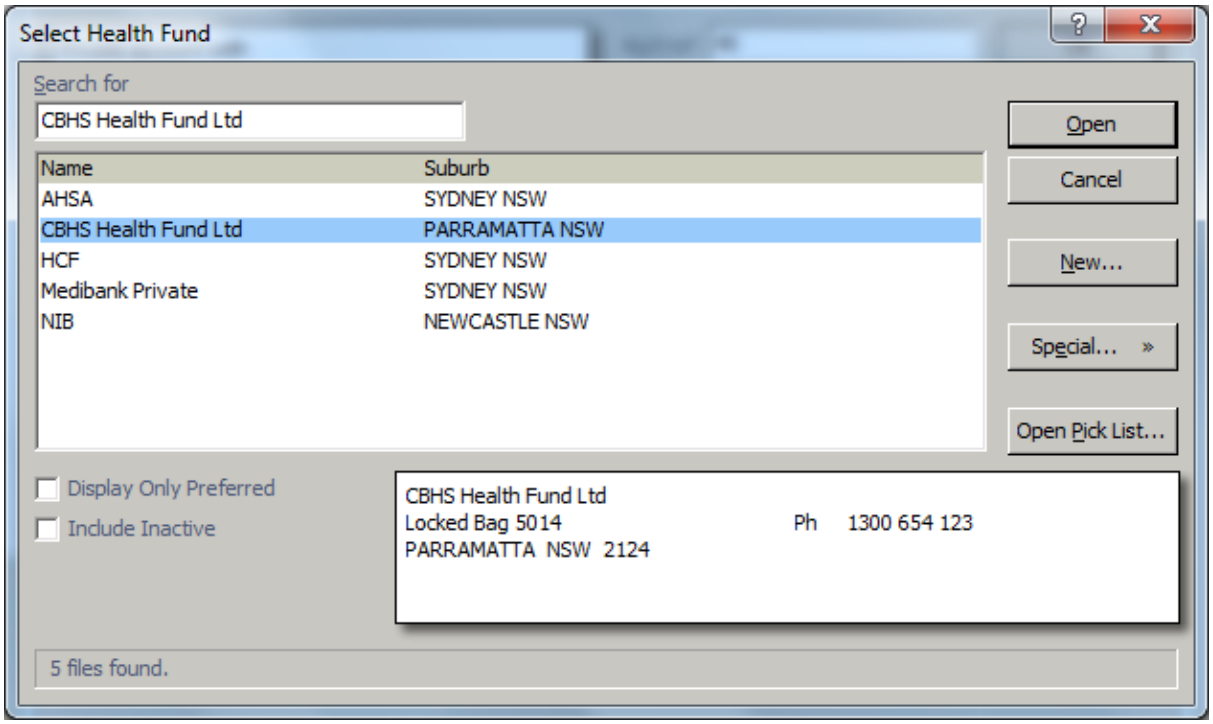

3. Click Open to accept the Health Fund name. The screen will return to the Account Details.

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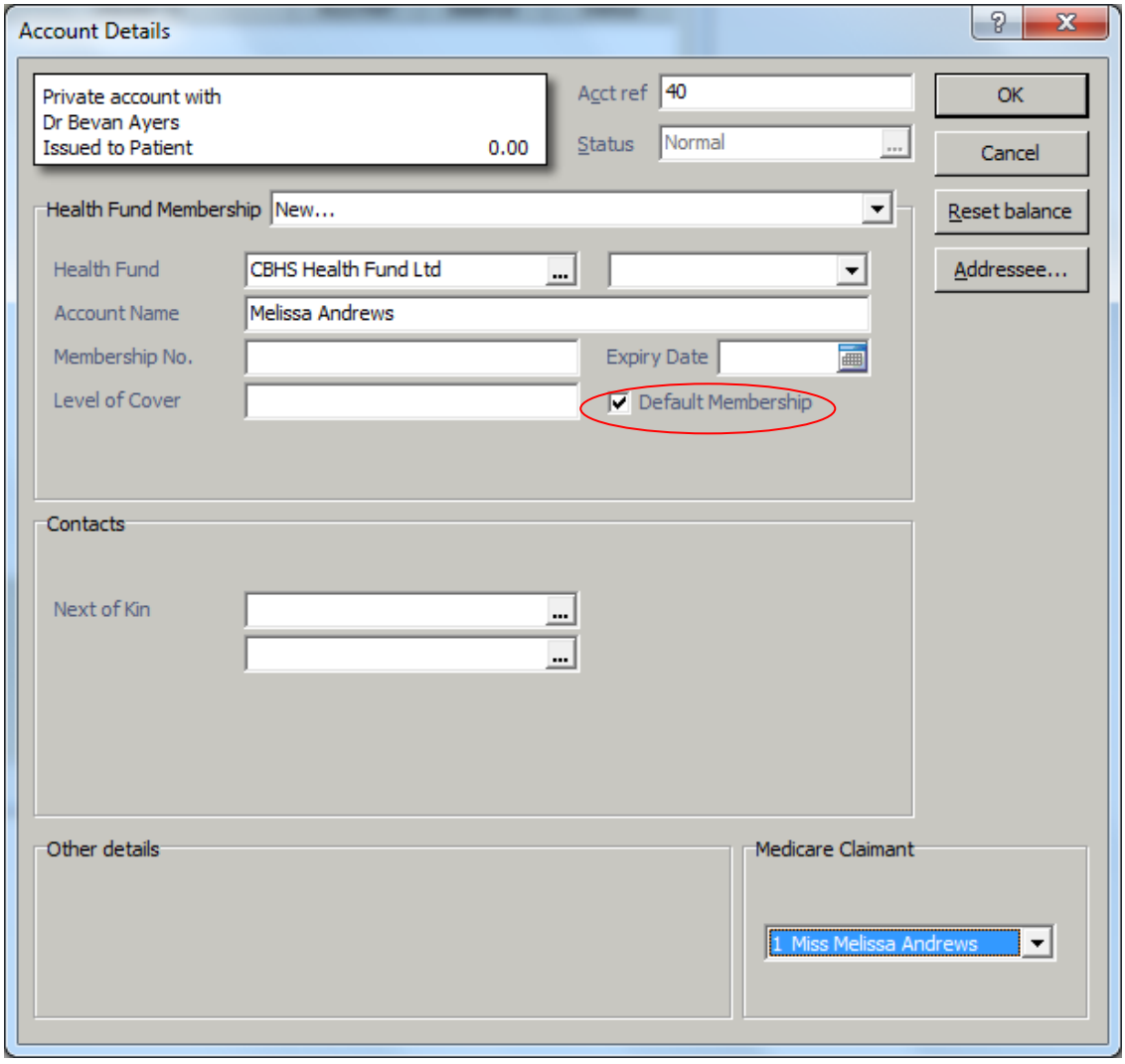
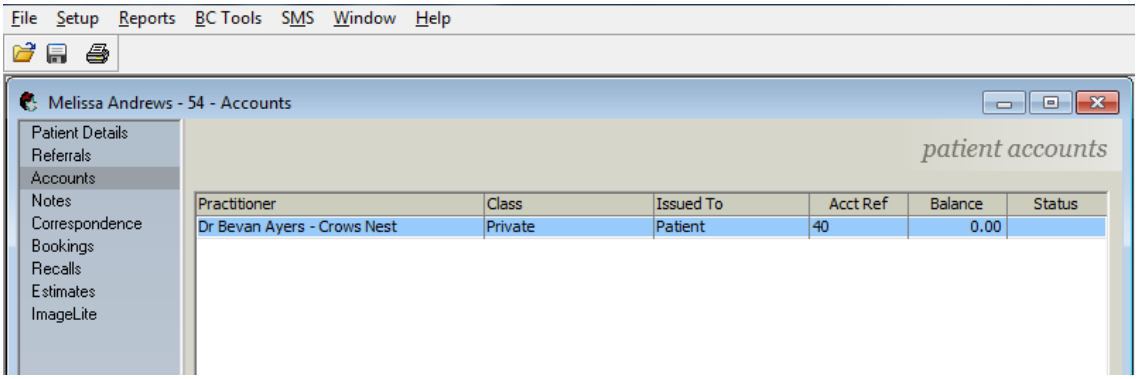
If the required Health Fund's name doesn't appear in this list, refer to Entering a New Health Fund.

4. Complete the remaining details into the Health Fund Membership section.
5. Click the Default Membership box, this will display the patient's Health Fund Membership summary on the Patient Detail's screen.



6. Next of Kin account Contacts can be entered (see Parents database)



7. Click OK (the screen exits to the Accounts page)
8. Click Patient Details from the Margin menu to review the Health Fund Summary

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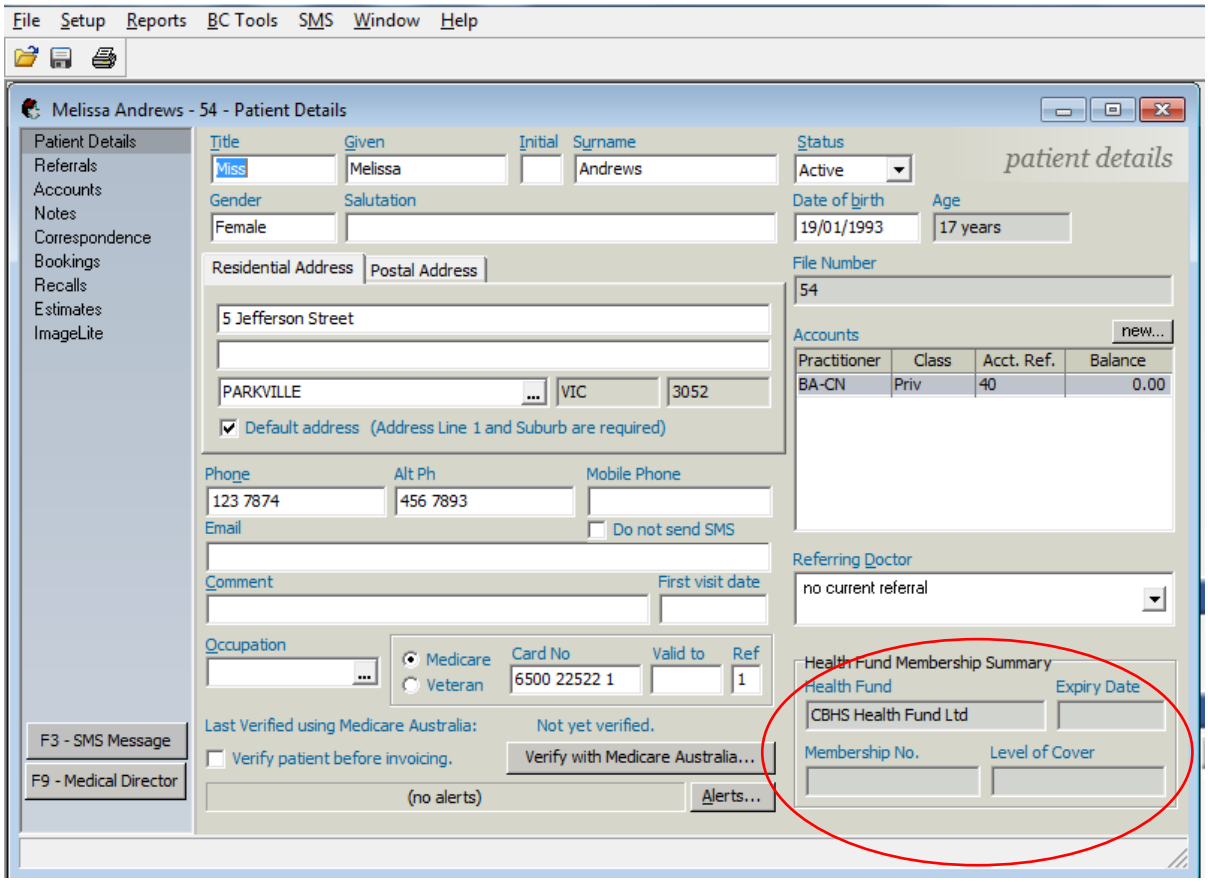
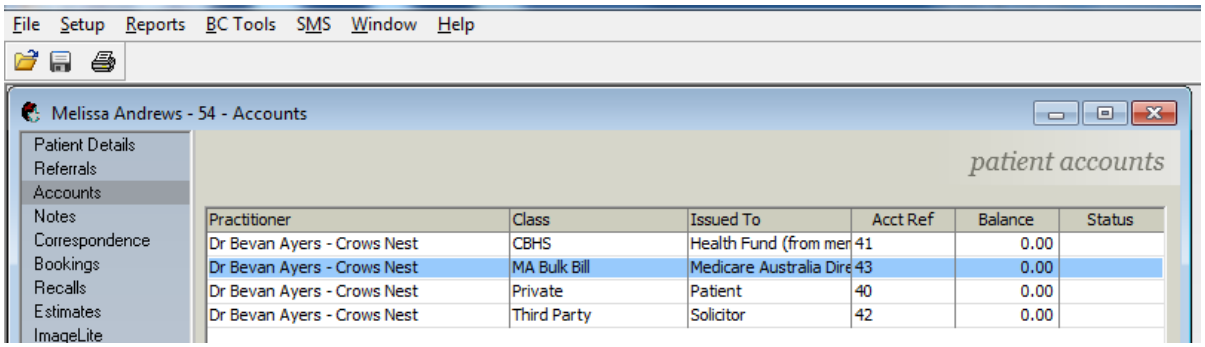


Creating Multiple Accounts for Single Patient

Classification of invoices and receipts is performed at the Accounts level. Transactions pertaining to Medicare Bulk Bill are separate to those where the patient is paying for their treatment as is for when Worker's Compensation is paying for the treatment. It is quite feasible and common for a single patient to have a range of different types of accounts to match the circumstances (or who is paying for the treatment). For the practice, it enables accurate reporting in terms of services provided and financials.

Some examples of account types are listed below:


File Setup Reports BC Tools SMS Window Help
Melissa Andrews - 54 - Accounts
Patient Details
Referrals
Accounts
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
patient accounts
Practitioner Class Issued To Acct Ref Balance Status
Dr Bevan Ayers - Crows Nest CBHS Health Fund (from mer 41 0.00
Dr Bevan Ayers - Crows Nest MA Bulk Bill Medicare Australia Dire 43 0.00
Dr Bevan Ayers - Crows Nest Private Patient 40 0.00
Dr Bevan Ayers - Crows Nest Third Party Solicitor 42 0.00

The following procedure outlines how to create an account for an Insured Inpatient (where the Health Fund will pay for treatment). This procedure assumes the patient has already a private account, with all the relevant Health Fund details entered.

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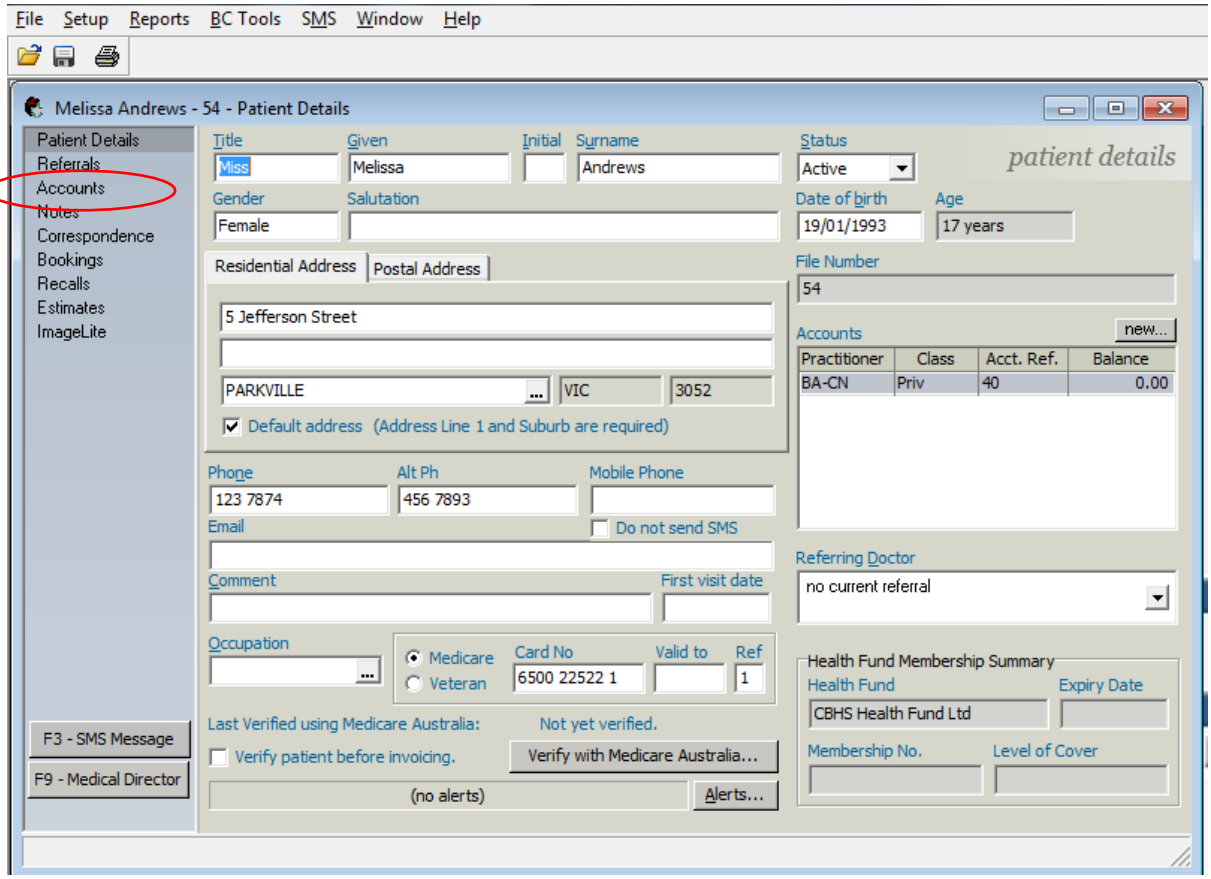
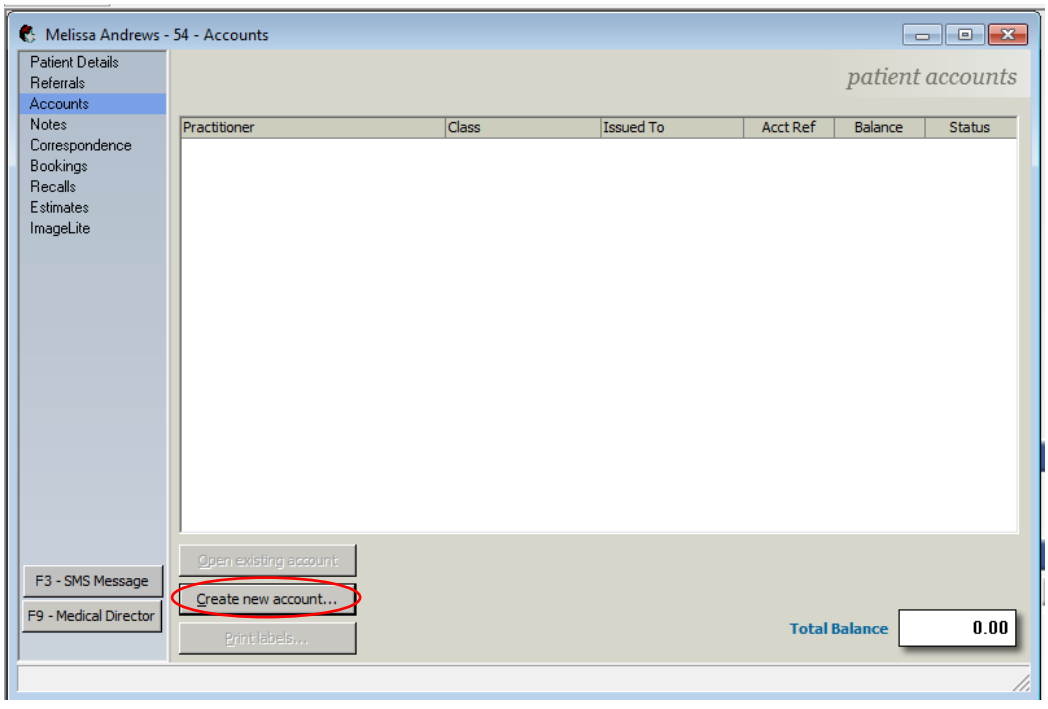
From the Patient Details screen,

1. Click Accounts





2. Click Create New Account

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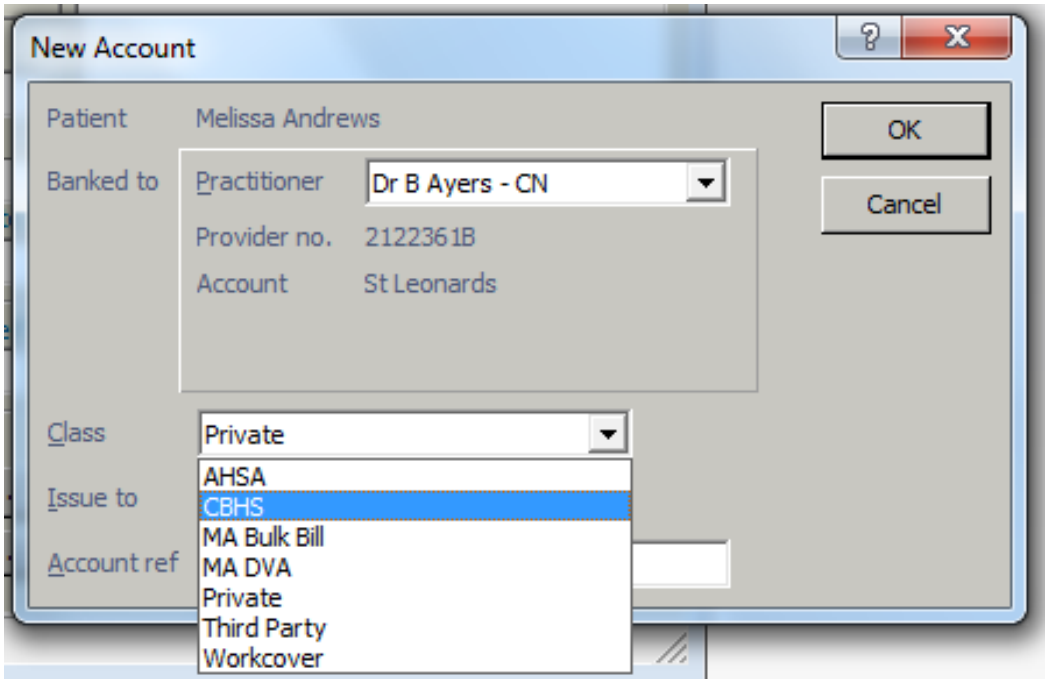

3. Select the Practitioner
4. Select the Class of account (Health Fund in this case) and to whom the account will be normally issued to.
5. Click OK

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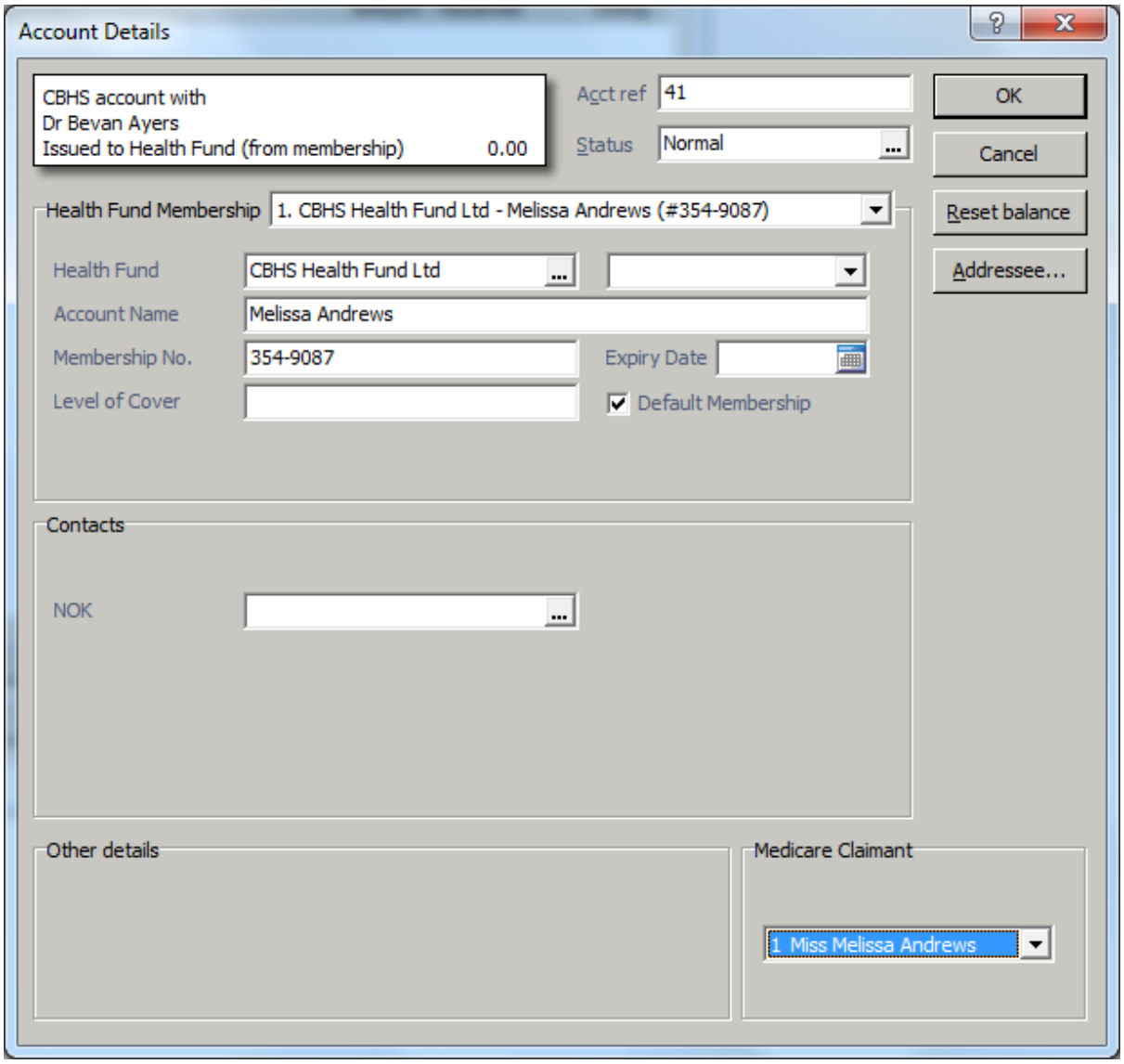

6. Click OK (the screen exits to the Accounts page)

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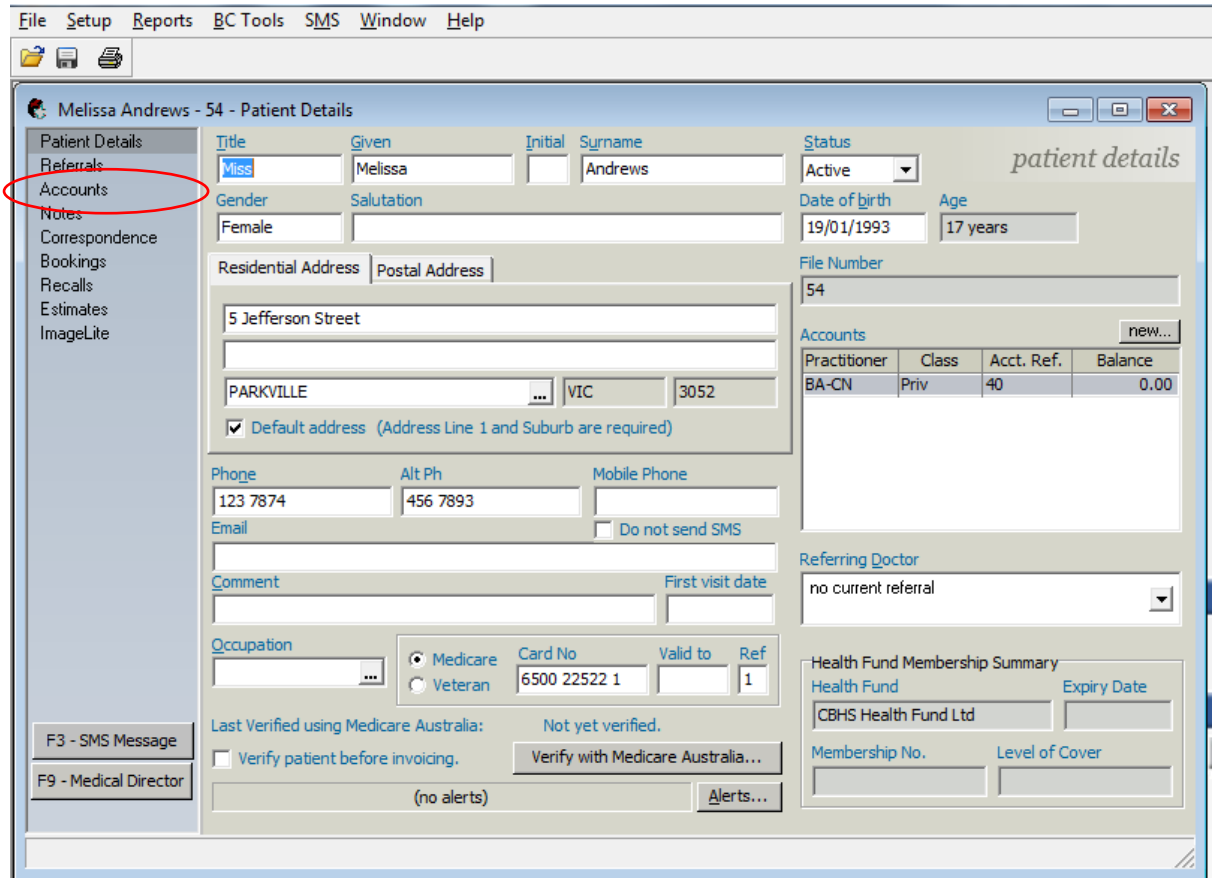
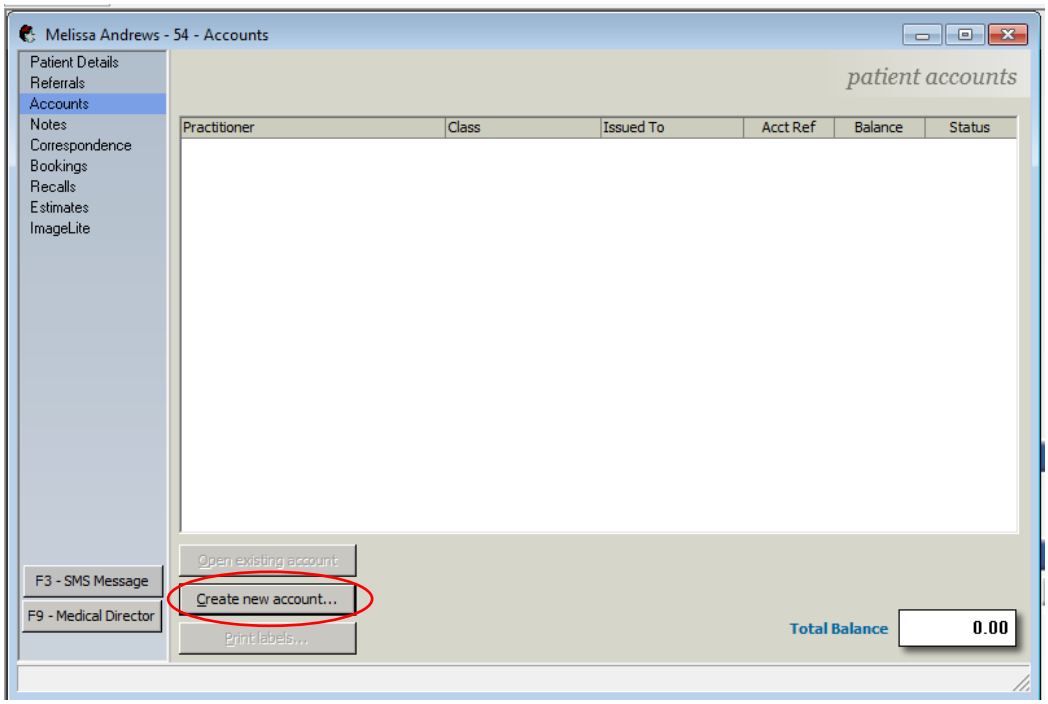
Creating a Third Party Account

From the Patient Details screen,

1. Select Accounts





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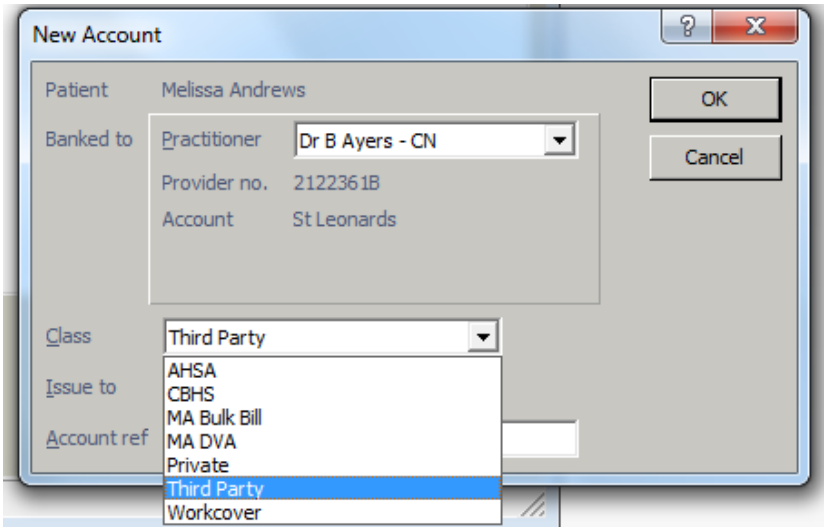
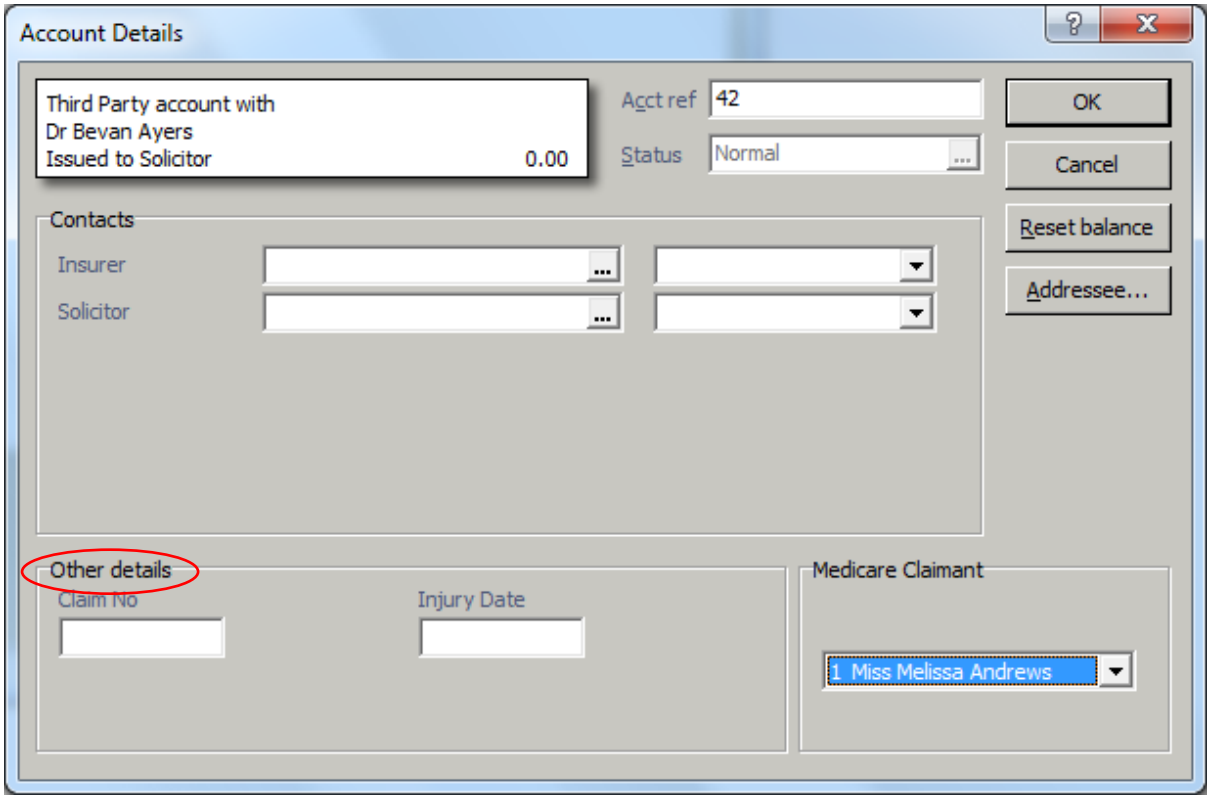
2. Click Create New Account



3. Select the Practitioner
4. Select the Class of account (Third Party) and to whom the account will be normally issued to. In this case, it is the solicitor
5. Click OK

To enter the Account Contacts, Click the 3 dot button ... and select an Insurer from the drop down list. If the Insurer does not appear in the list, (see adding New Contacts)

Type in other relevant information in the Other details section. These fields will vary between account classes. In this case, enter the Claim number and Injury dates.



6. Click OK (the screen exits to the Accounts page)

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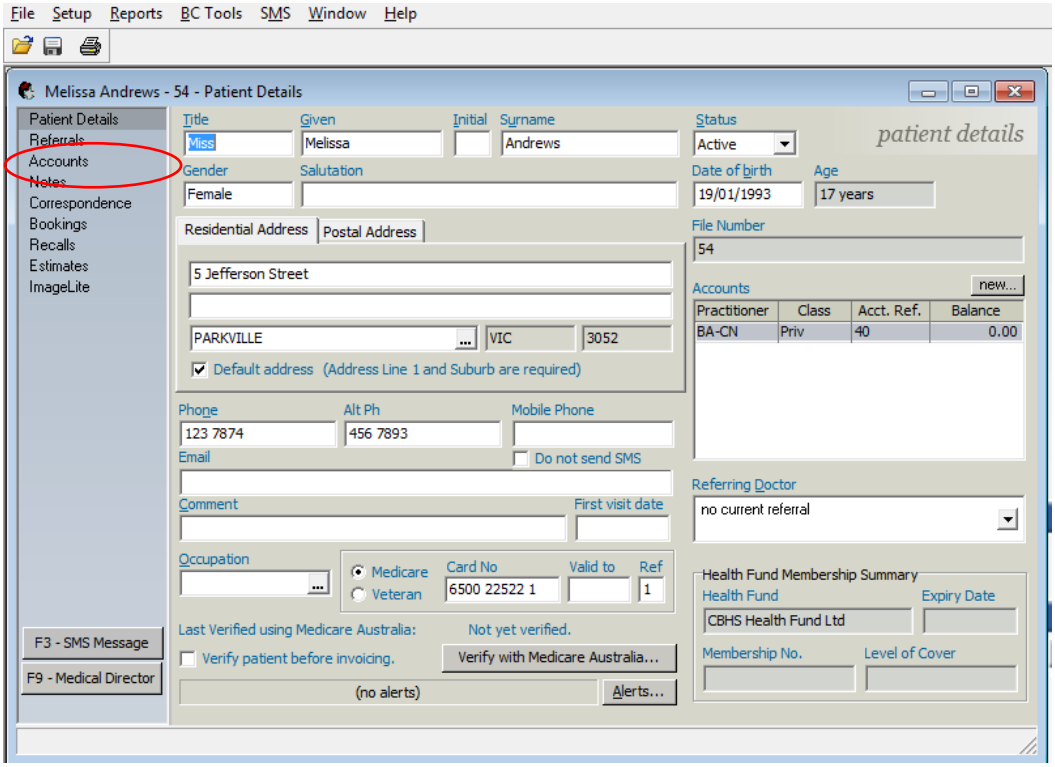
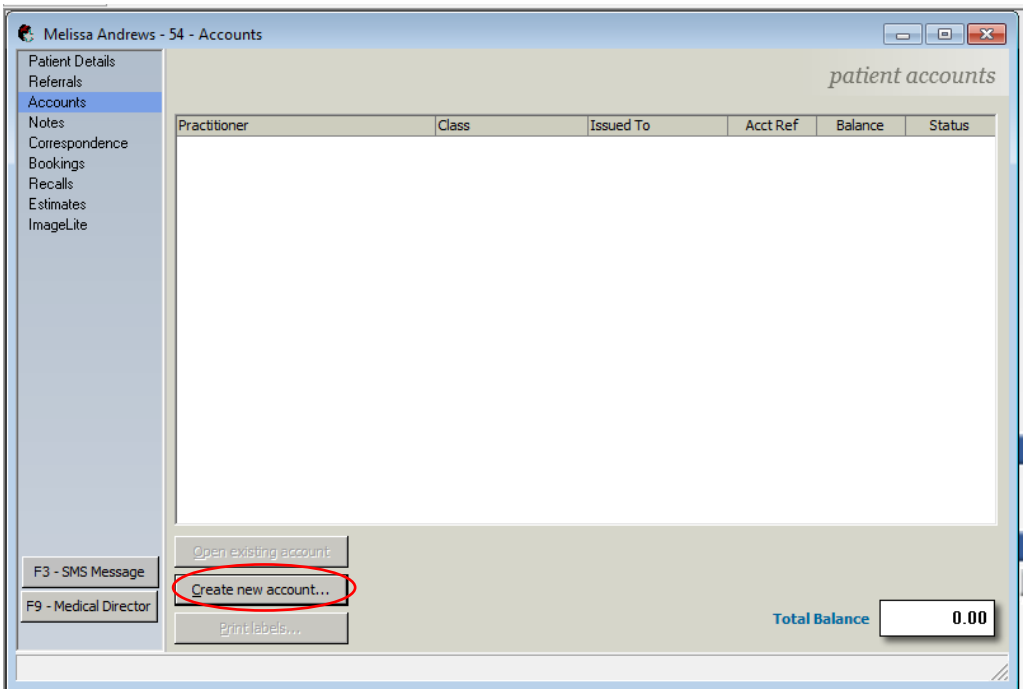
Creating a new Medicare Australia Bulk Bill/DVA Account

These accounts are very similar in their creation. The only major discerning difference is that DVA have differing levels. For instance DVA Gold Card holders are fully repatriated for their health care, whilst DVA White Card holders are only partially covered. In the latter, a practice may elect to record the patient's Health Fund Membership details.

From the Patient Details screen,

1. Click Accounts





2. Click Create New Account

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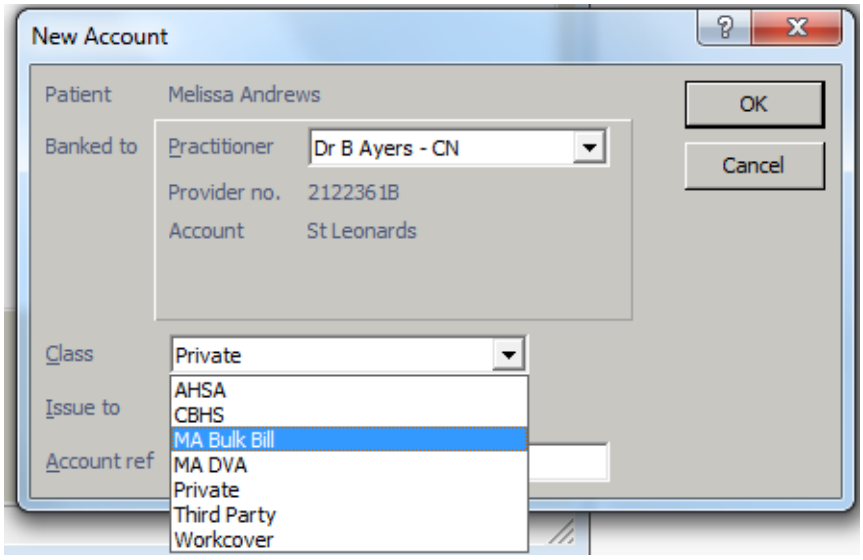
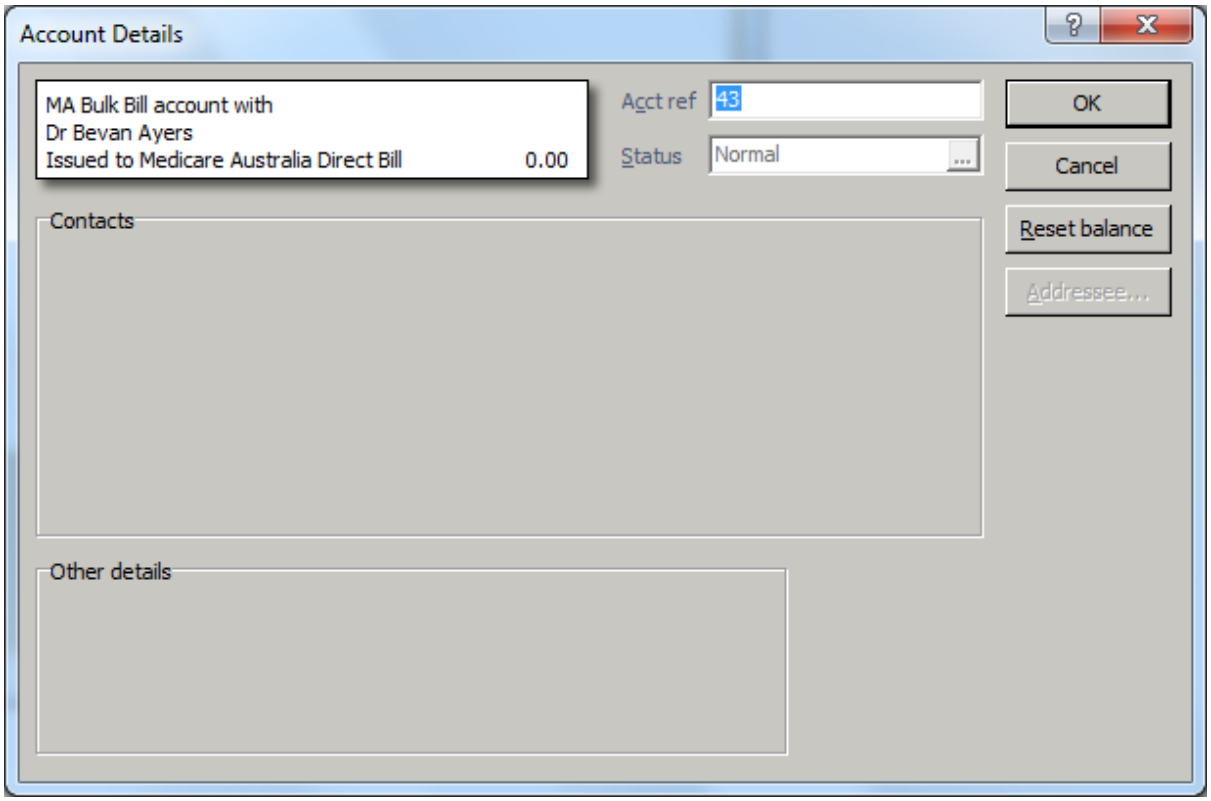


3. Select the Practitioner
4. Select the Class of account (Medicare Australia, MA Bulk Bill or MA DVA). As the claim will be electronically lodged, the Issue to field is automatically filling in and locked.
5. Click OK

In most cases the account contacts will not be required or preset. Click OK at the following screen



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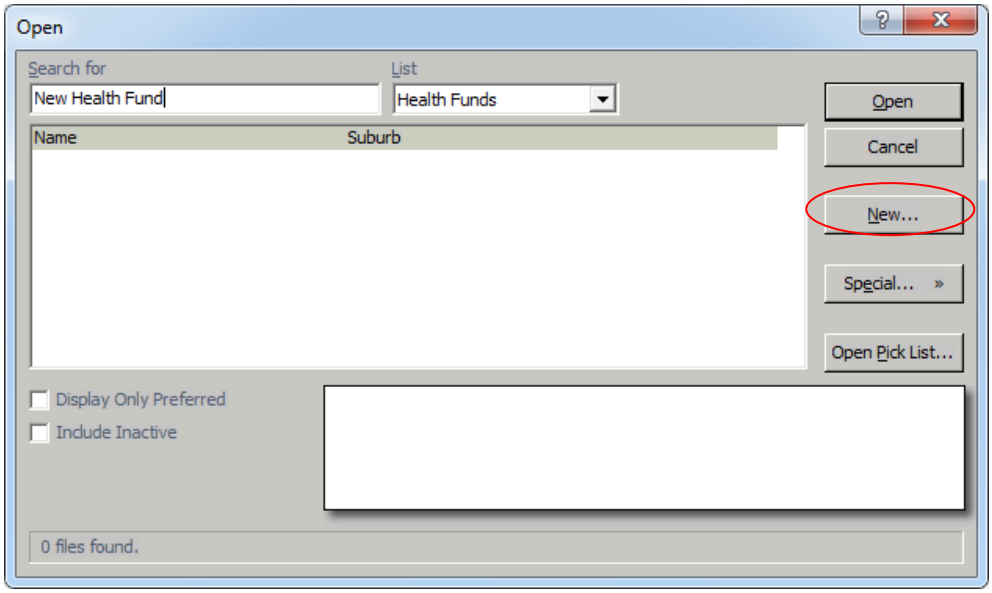
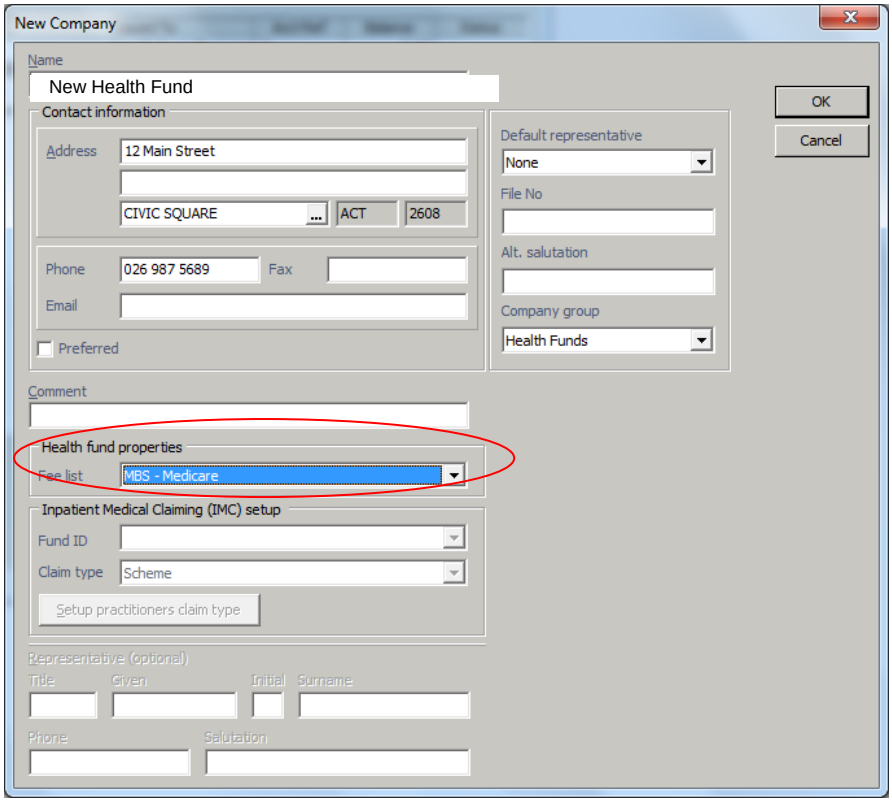
Entering a New Health Fund

Open the Patient Explorer (yellow folder) and change the List from 'Patients' to 'Health Funds'



1. Click the New button
2. Fill out the New Company screen with the relevant information
3. Under health fund properties, ensure to associate the correct price list (the screen shot below shows known-gap arrangement). A no-gap arrangement would list the health fund's own price list. The majority of health fund price lists are available from the subscriber download section of the HCN website.



4. Click OK to return to the patient's Account Details screen.

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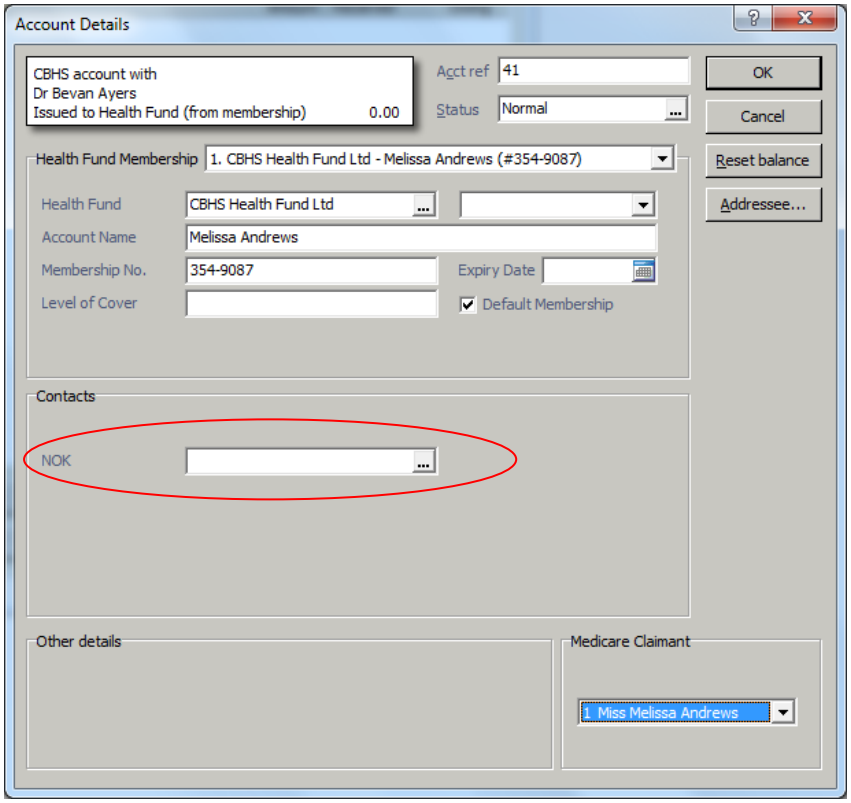
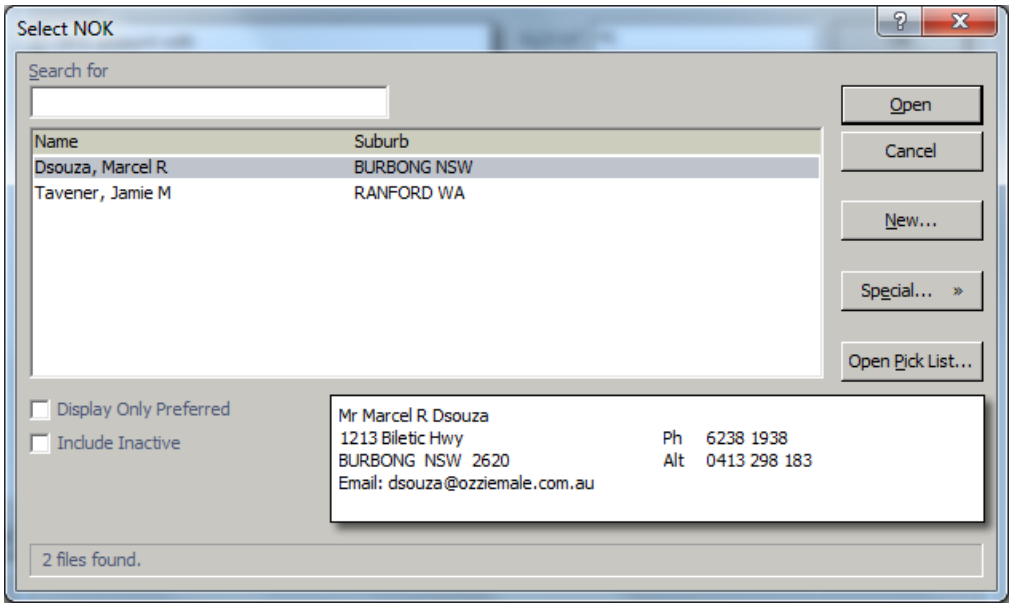
Parents Database

The Parents Database is used to hold details of people related (in some way) to an individual patient but are not necessarily patients themselves (for example the child is the patient and the parent is responsible for the account). The database can also be used to hold emergency contact details.

There are many ways to enter details into the patient database, but initially the procedure will follow on from the Accounts Detail screen.



1. Type the Contact's surname and press [Tab] or click on the 3 dot button at the end of the field.



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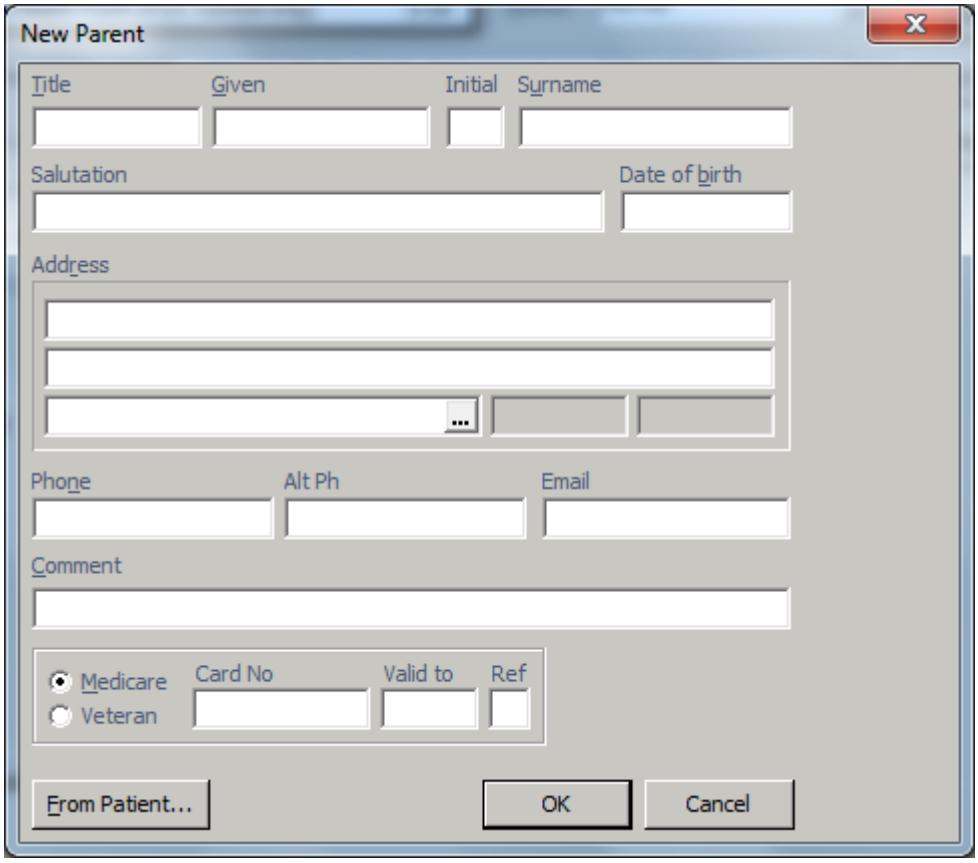
If the surname was typed, then select the appropriate name from the list and press Open OR if the 3 dot button was pressed, type the surname in the Search for…field then click Open to associate the name with the patient.

2. Click OK to return to the Account Details screen
3. Click OK to return to the Patient Details screen

If the typed surname doesn't match any patient in the database

1. Click New



2. Enter in the Parent's/Next of Kin's details as applicable.

Clicking the 'From Patient button' will open the Patient Explorer. Type the patient's surname to associate them to the related patient (i.e. Medicare numbers, addresses, phone numbers and relationship). Remember these fields can be overtyped and the comment (relationship type) can be edited to include extra detail.

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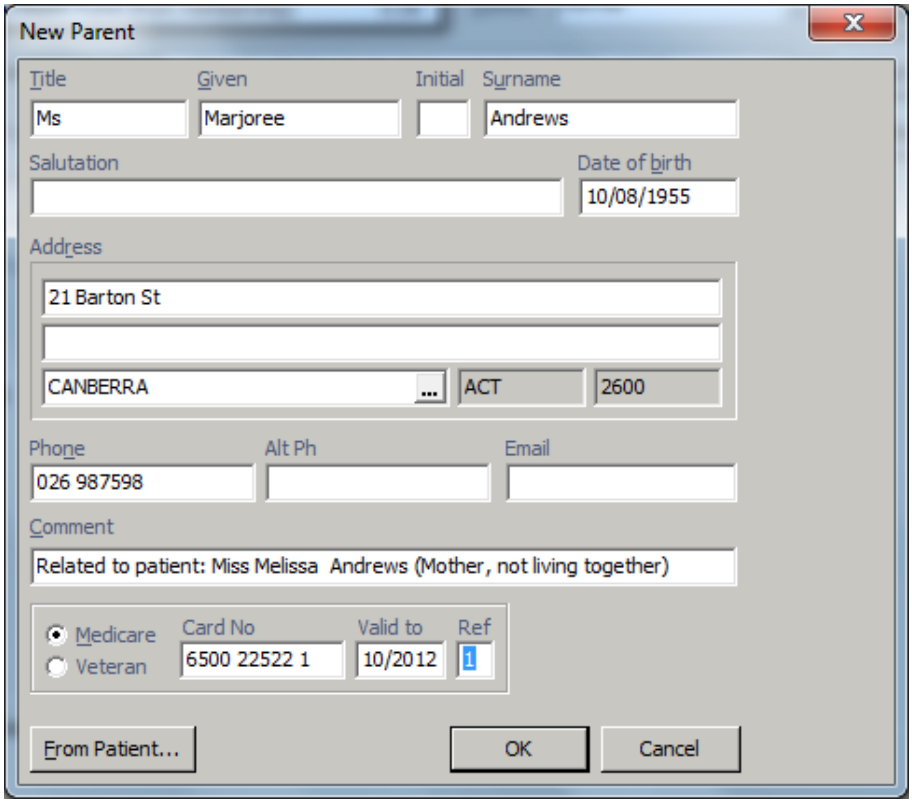
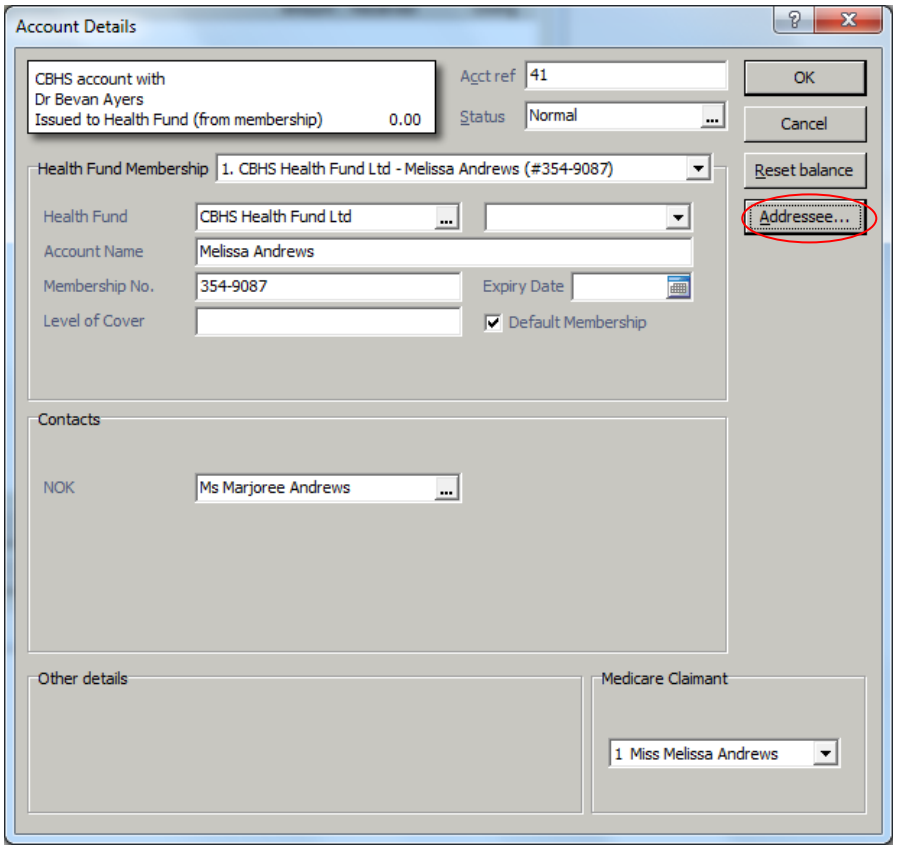


3. Click OK

Changing the Addressee for the Account

1. Click Addressee



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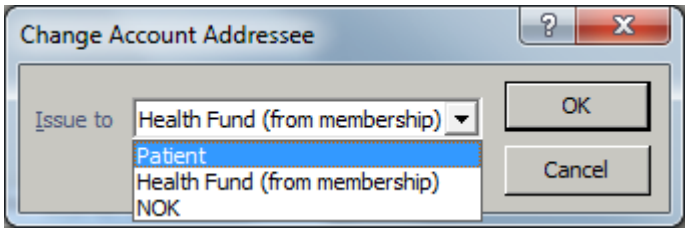
Customer Support: 1300 300 161 – Option 2



2. Select the Account Addressee
3. Click OK

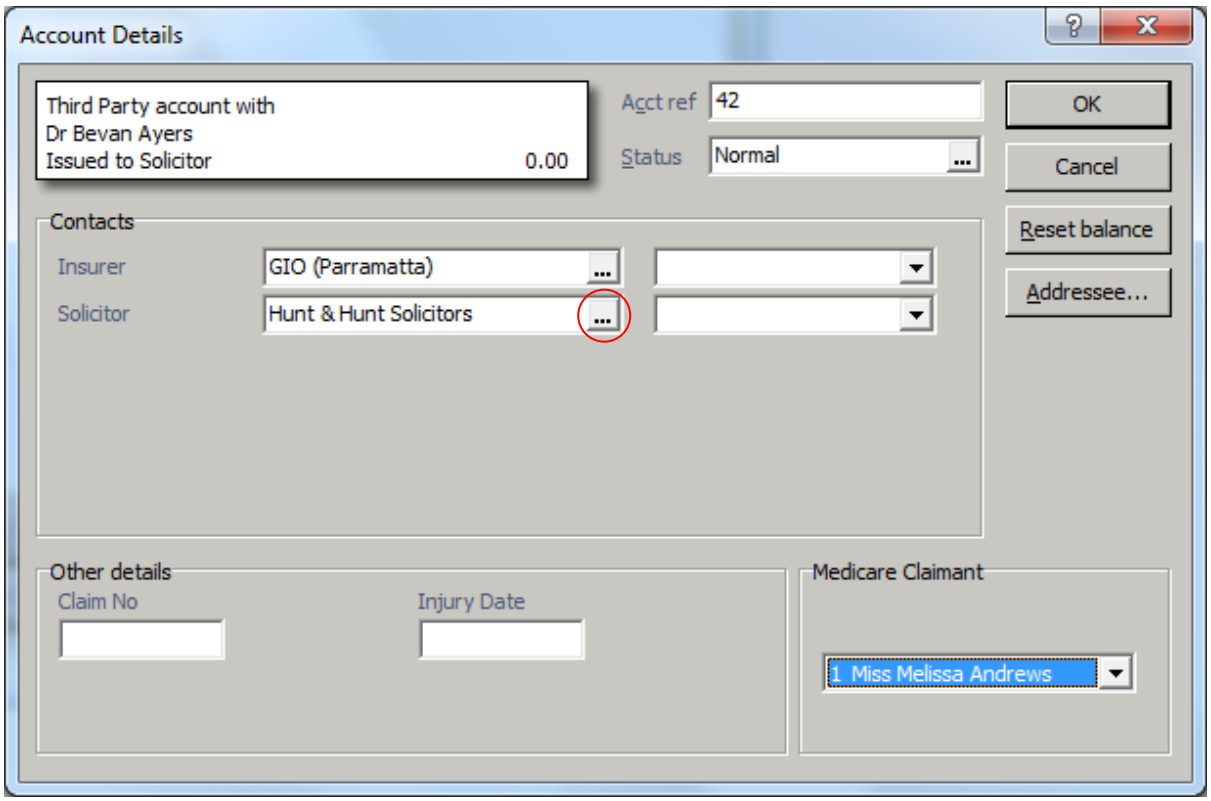
This will result in the Invoice/Receipts being addressed to the person(s) selected (for example, a parent for a child etc). Addressees can also be changed from the Account Details screen (see screen capture below).

Entering Account Contacts

The following procedure is valid for entering new account contacts. Typically, account contacts are specified during the initial program configuration (at HCN).

Contact data can also be entered from the Patient Explorer. By clicking the yellow folder to bring up the Patient Explorer, change the List from Patient to Solicitors or Companies will allow new contacts to be entered.

1. Click on the 3 dot button ... at the end of the line



If the Account Contact does not appear, Click New

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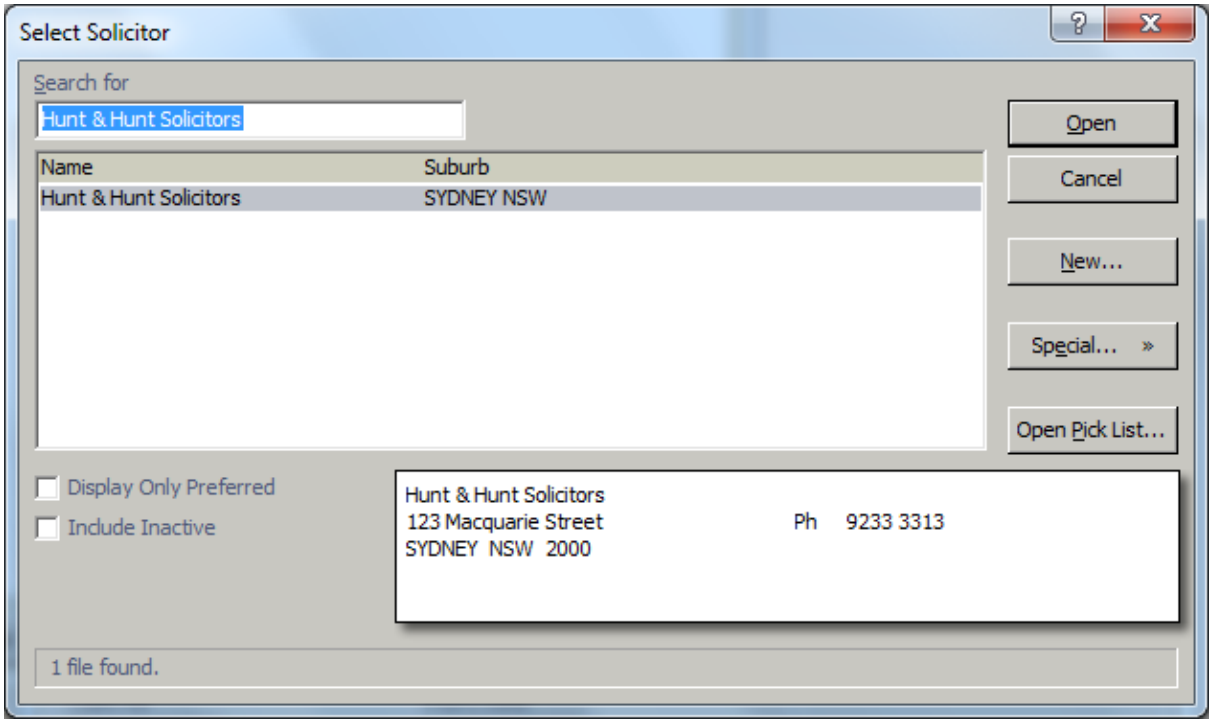
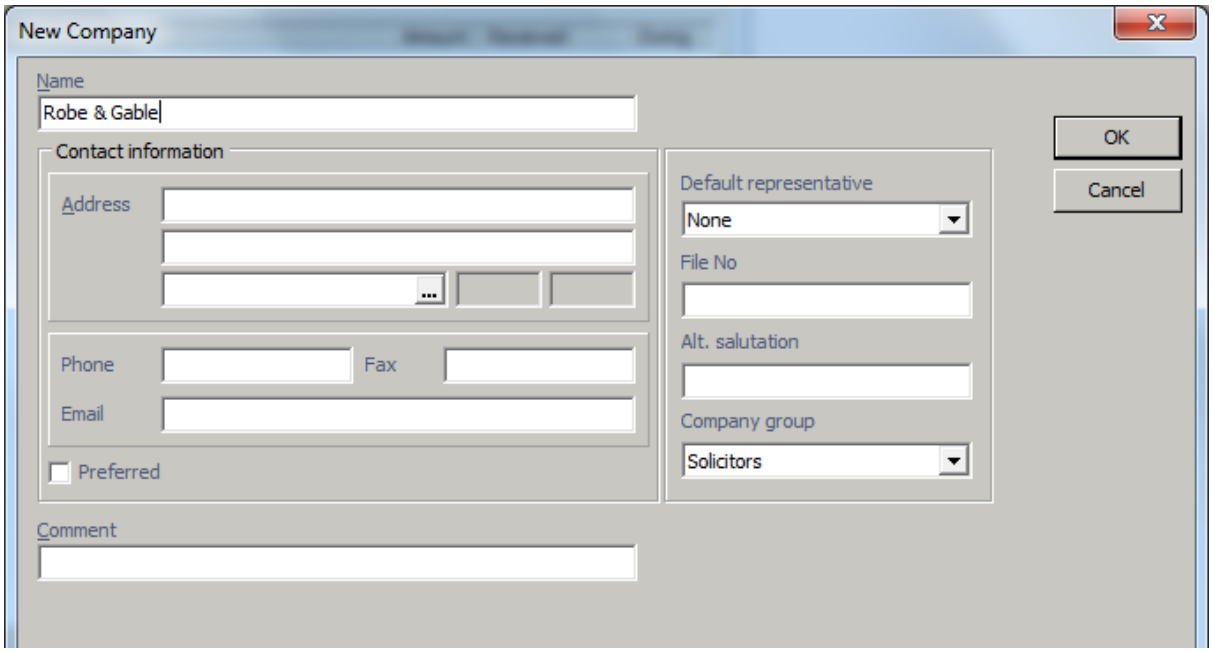


2. Enter in the required entity fields to complete the contact:



3. Click OK register the Contact

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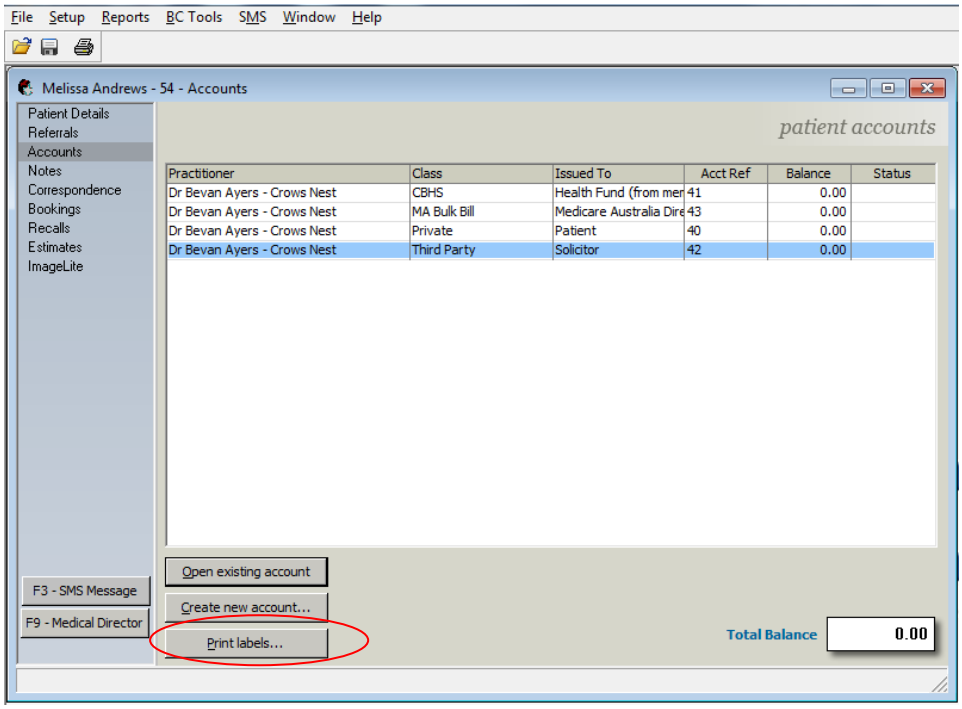
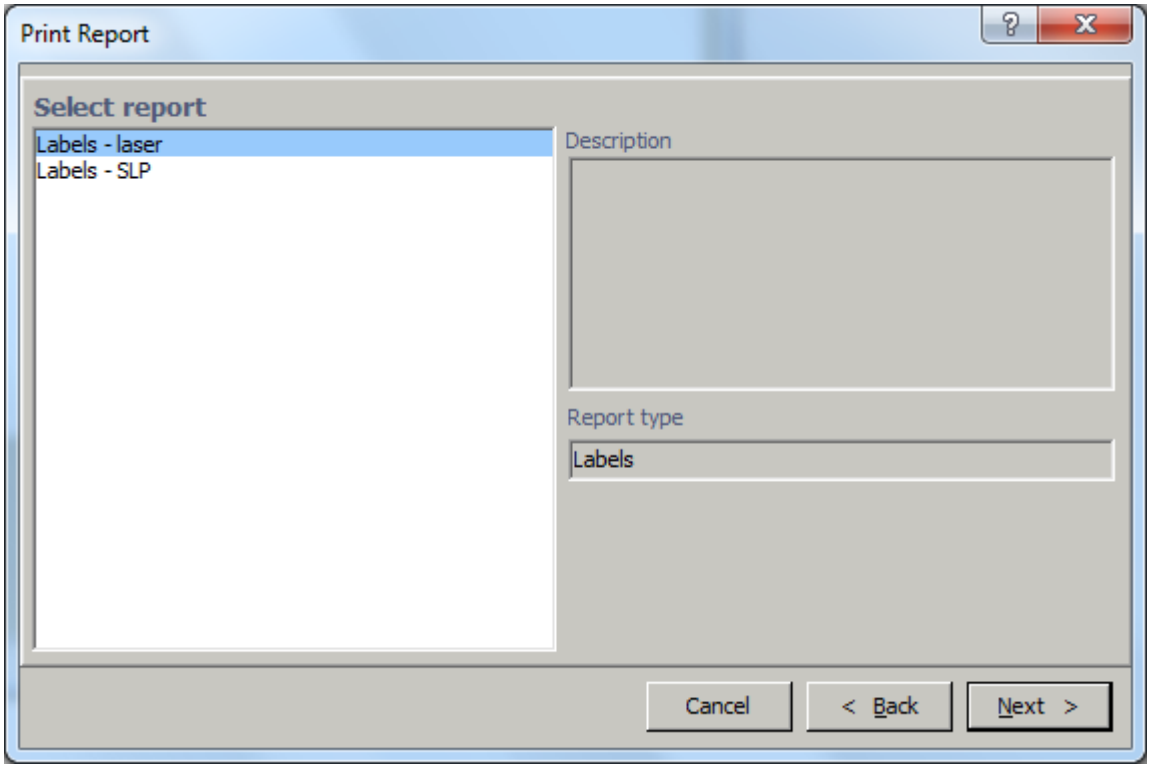
Printing Labels

From the Accounts Details screen:


File Setup Reports BC Tools SMS Window Help
Melissa Andrews - 54 - Accounts
Patient Details
Referrals
Accounts
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
patient accounts
Practitioner Class Issued To Acct Ref Balance Status
Dr Bevan Ayers - Crows Nest CBHS Health Fund (from mer 41 0.00
Dr Bevan Ayers - Crows Nest MA Bulk Bill Medicare Australia Dire 43 0.00
Dr Bevan Ayers - Crows Nest Private Patient 40 0.00
Dr Bevan Ayers - Crows Nest Third Party Solicitor 42 0.00
Open existing account
Create new account...
Print labels...
F3 - SMS Message
F9 - Medical Director
Total Balance
0.00

1. Select the account the labels are for (highlighted in blue)
2. Click the Print Labels button



3. Select the type of label normally used
4. Click Next

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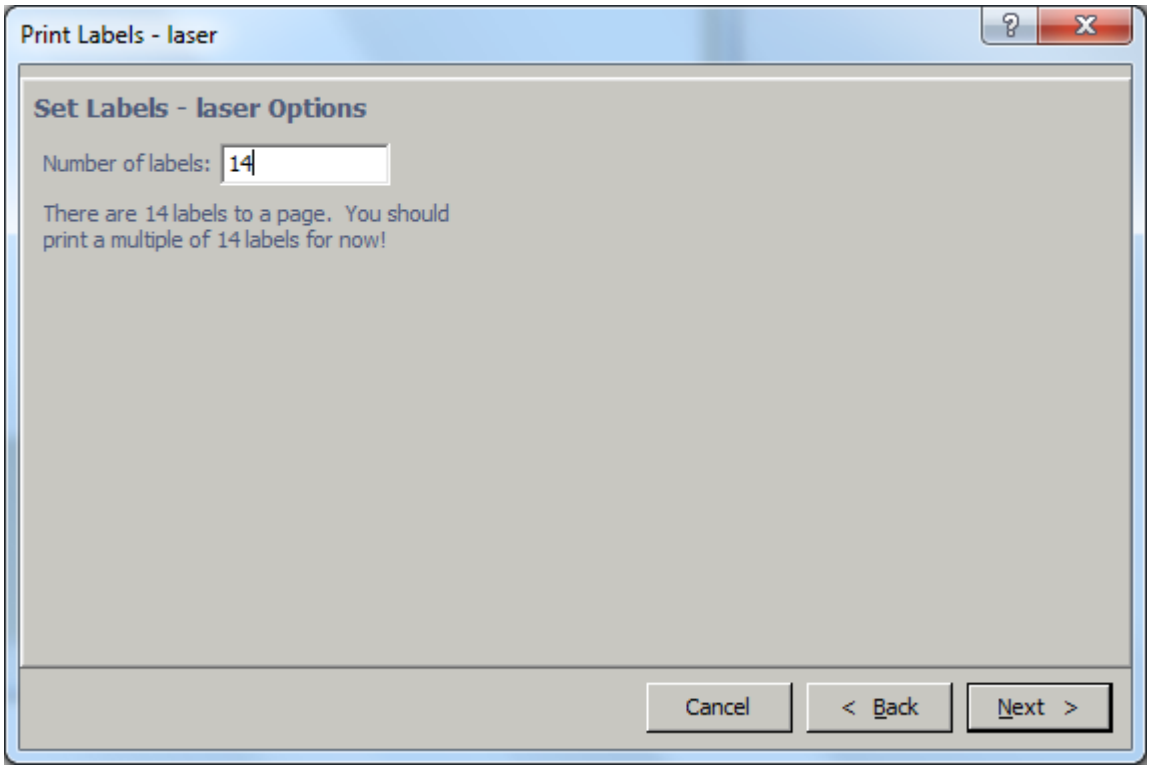
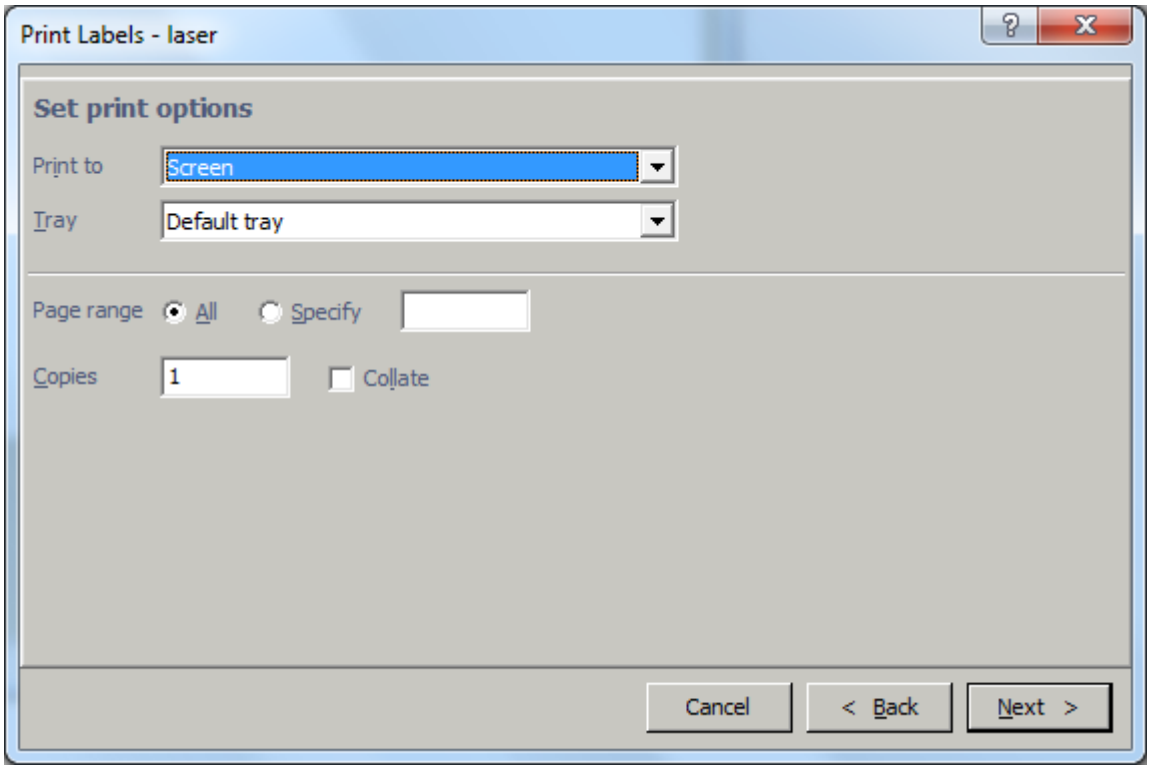

Print Labels - laser
Set Labels - laser Options
Number of labels: 14
There are 14 labels to a page. You should print a multiple of 14 labels for now!
Cancel
< Back
Next >

5. Enter the number of labels to print
6. Click Next



7. Select the destination of your printer
8. Click Next

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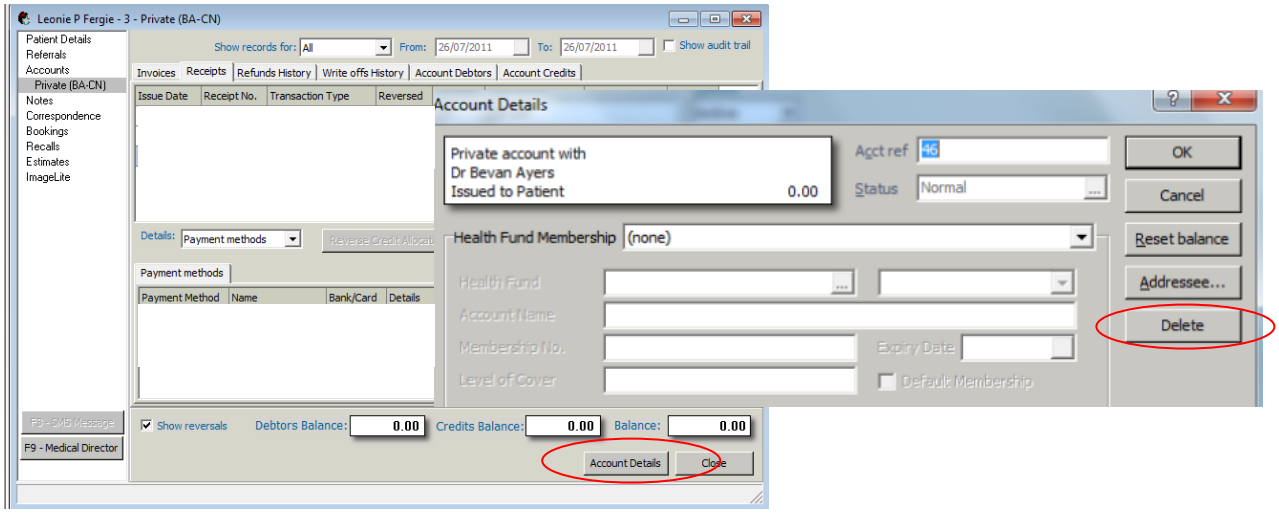
Andrews, Melissa, Miss **54**
5 Jefferson Street PARKVILLE VIC 3052
Tel: 123 7874 Work: 456 7893 DOB: 19/01/1993
Ref: No Referral
Ref Details: Ref Date:
M/C No: 6500 22522 1 (1) Occ:
Dr Bevan Ayers - Crows Nest **Private**

Andrews, Melissa, Miss **54**
5 Jefferson Street PARKVILLE VIC 3052
Tel: 123 7874 Work: 456 7893 DOB: 19/01/1993
Ref: No Referral
Ref Details: Ref Date:
M/C No: 6500 22522 1 (1) Occ:
Dr Bevan Ayers - Crows Nest **Private**

The program returns to the Account Details screen.

Deleting Accounts

If an account has been created in error (i.e. wrong practitioner, class or location), as long as no transactions have been attributed to the class it may be deleted.



1. From within the account, click Account details.
2. At the Account Details screen, click Delete.

The Delete button is only available when no transactions have been recorded in the account.

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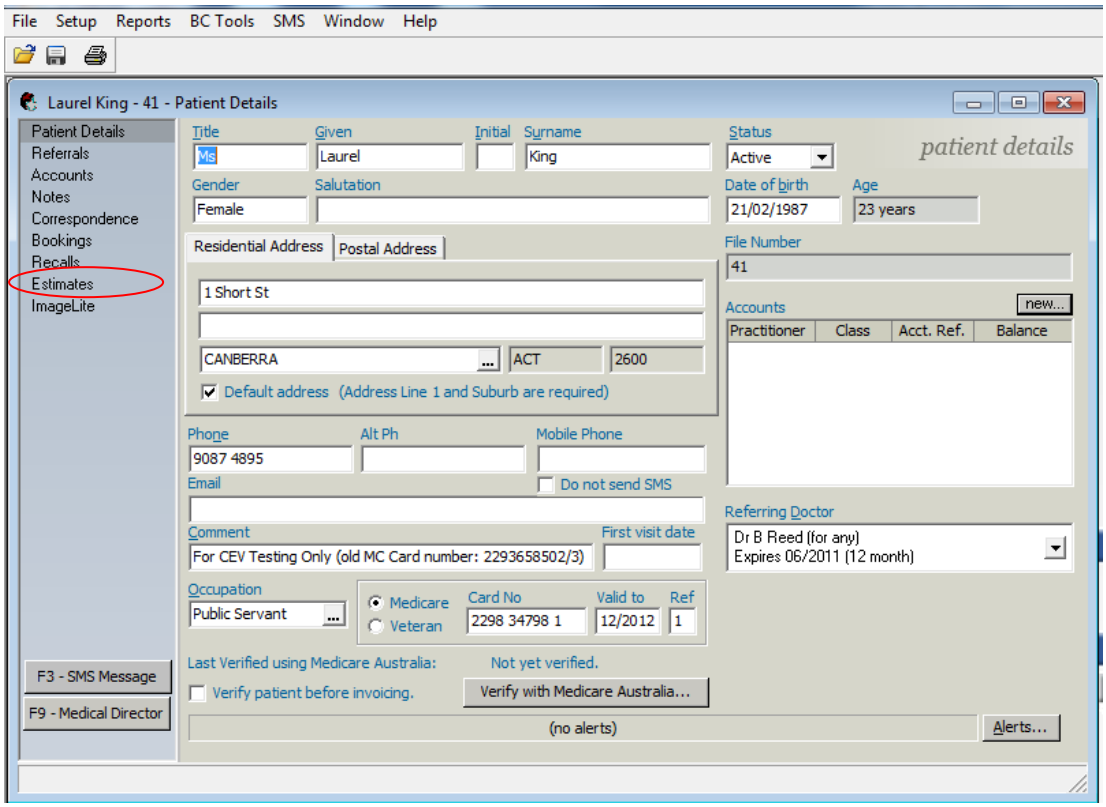
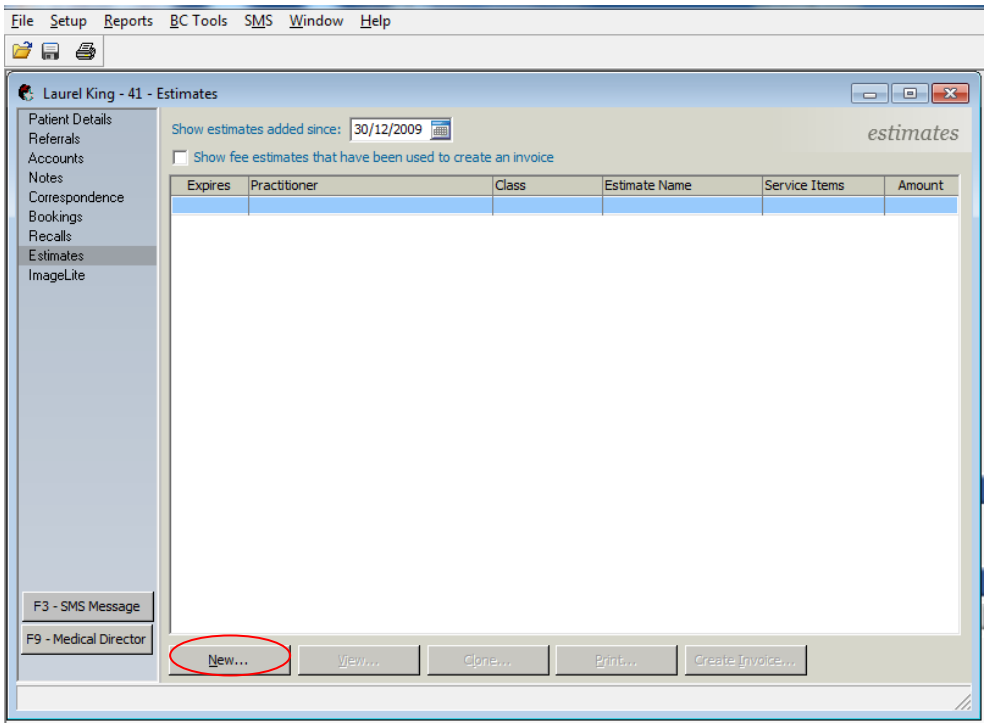
Estimates

Providing patients with a quote or estimate cost can be accessed from the left margin menu within the Patient Details screen. **Tip**: Setup the account class for the invoice before setting up the estimate.



1. Click Estimates



2. Click NEW

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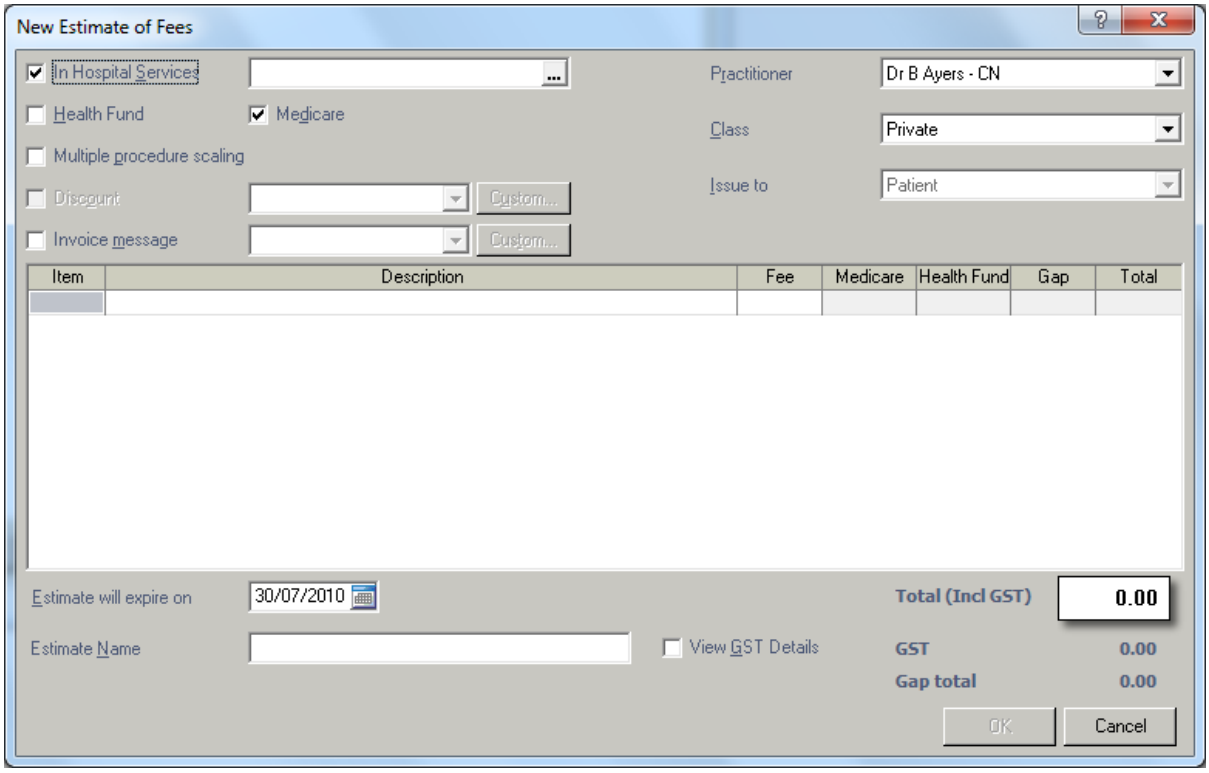
Create an Estimate for a Private Patient

(The Estimates screen is similar to completing an Invoice for a Patient.)



1. Nominate the Hospital where the operation will take place.
2. Type the hospital name and press [Tab] or Click the 3 dot button ... and select the hospital from a list
3. Check the Practitioner and Account class details are correct.
   In this example, the amount payable (Gap) by the patient is the Doctor's fee less Medicare rebate.
4. Type in the service item number and press the [TAB] key. The details will automatically feed into the corresponding columns. As with invoices, the fee can be manually overridden, but the rebate and gap amounts cannot.
5. To enter another item number in the estimate, press [TAB] again

   The estimate can be given a name and expiry date

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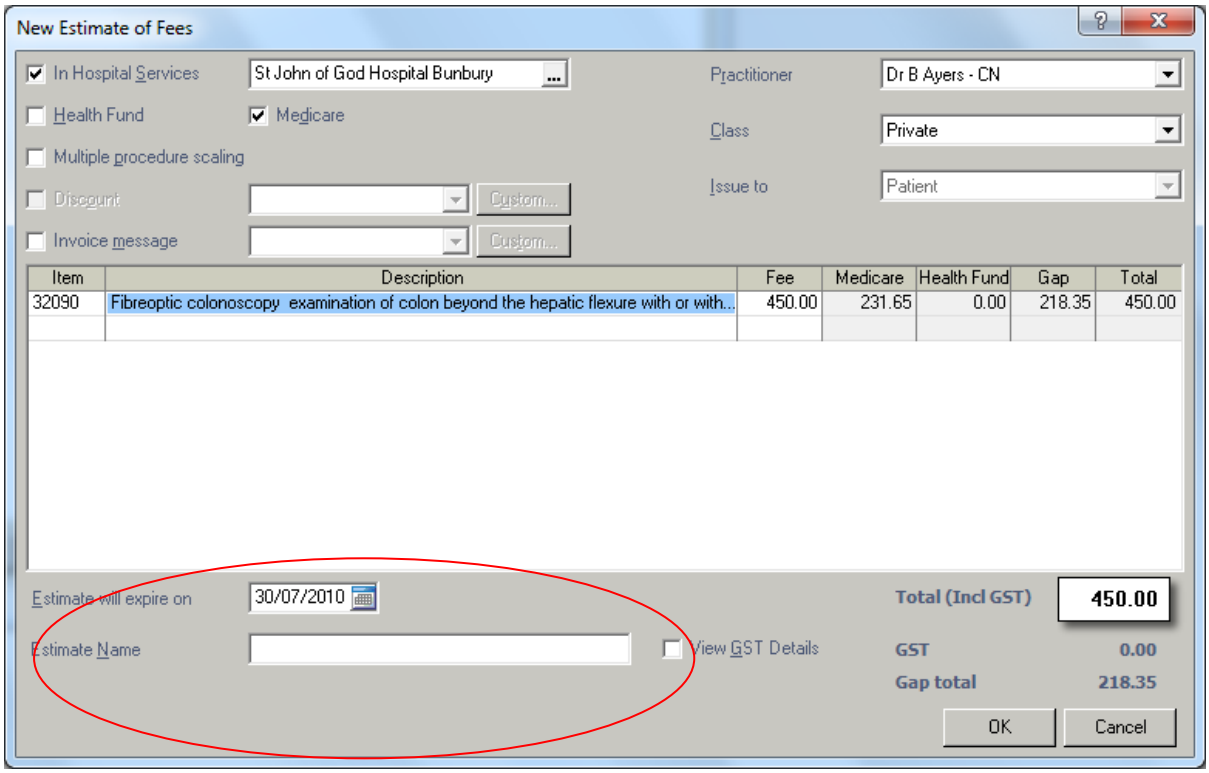
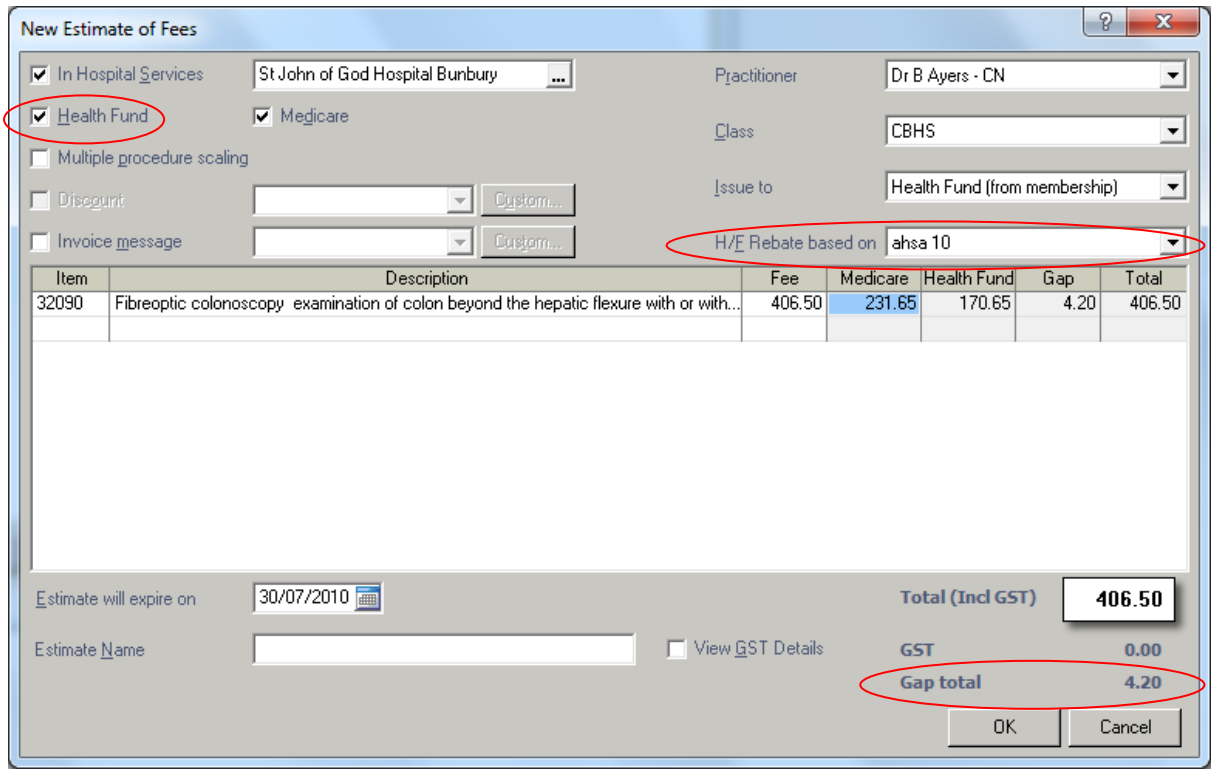


6. Press [OK] to complete the Estimate. This will then appear in the Patient Details file.

Create an Estimate for a Private Patient (known gap)



This is applicable where the patient pays the gap between a Doctor's fee less (Medicare rebate @ 75% + health fund's published rate)

1. Set up the estimate as outlined 'for a Private Patient'.
2. Click to select 'Health Fund' to display the Heath Fund column

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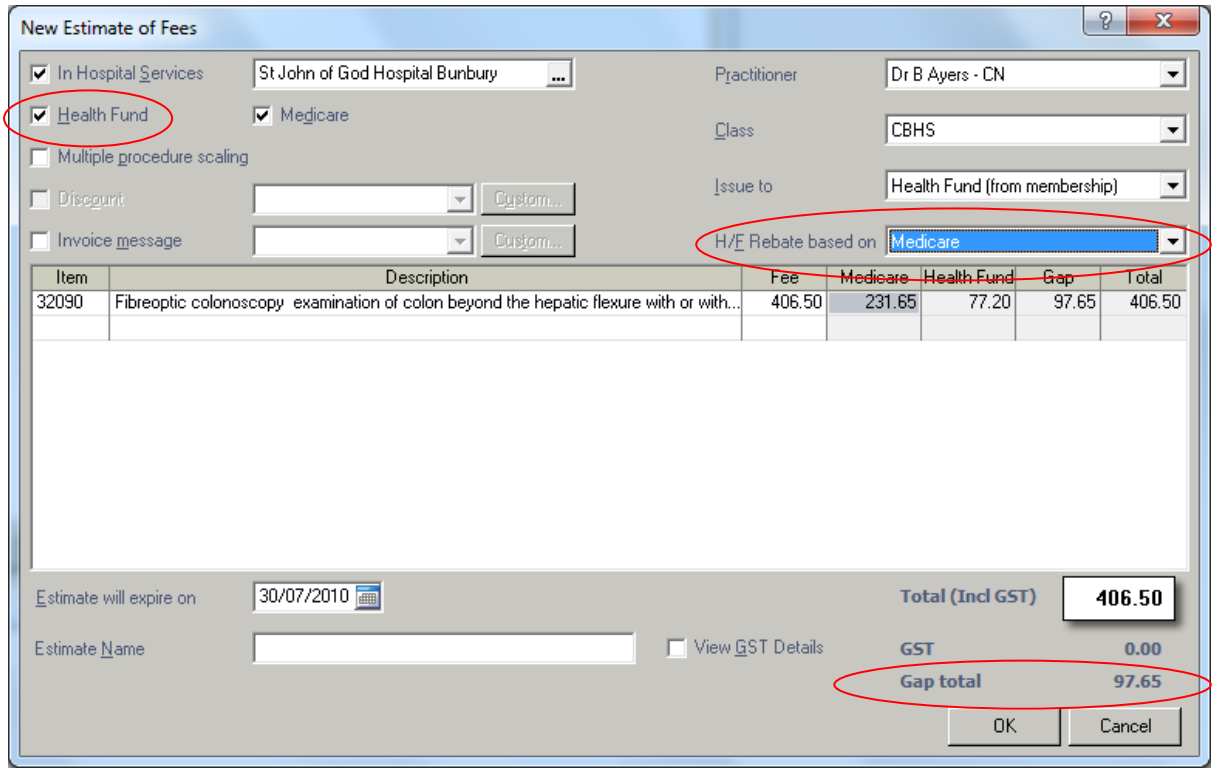
3. From the drop down list, set the H/F Rebate to be based upon the required health fund's price list.

Disclaimer ~ refer to contractual arrangements with your health fund as circumstances vary from practice to practice.

Create an Estimate for a Private Patient (standard gap)



This is applicable where the patient pays the gap between, Doctor's fee less (Medicare rebate @ 75% + health fund rebate @ 25% of the MBS rate)

1. Set up the estimate as outlined earlier.
2. Click to select 'Health Fund' to display the Heath Fund column
3. From the drop down list, set the H/F Rebate to be based upon the Medicare rebate.

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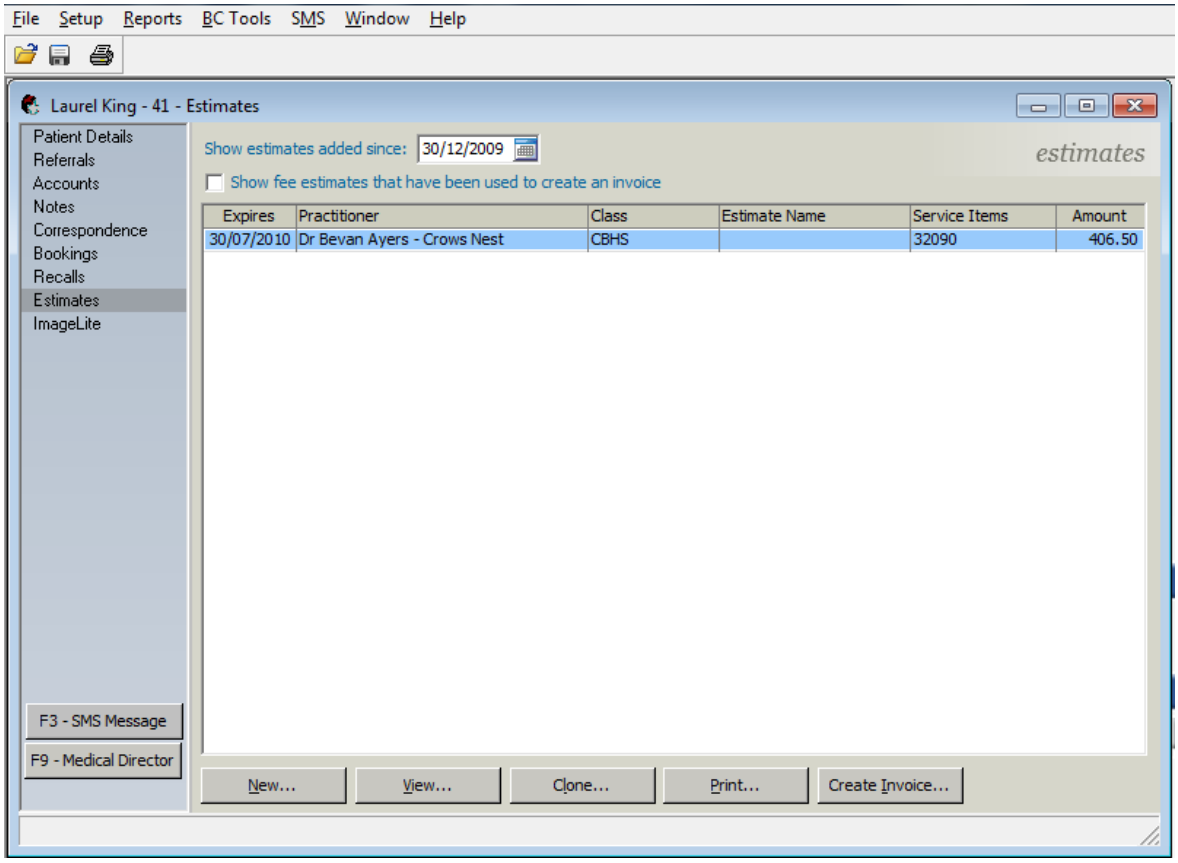
Additional options from the Estimate Screen are;



New: To initiate another Estimate

View: To view the details of the selected Estimate

Clone: To copy the selected existing Estimate – useful for editing an existing Estimate like adding items, changing gap calculations (known to standard)

Print: To print the Estimate

Create Invoice: Blue Chip is able to automatically use the stored Estimate information and covert this into a Patient Invoice.

As with a traditional invoice, any automatically fed in details can be manually edited and additional items added if required at the time. As the Practitioner and Class details have already been entered at the time of generating the Estimate, the invoice is automatically attributed to those details.

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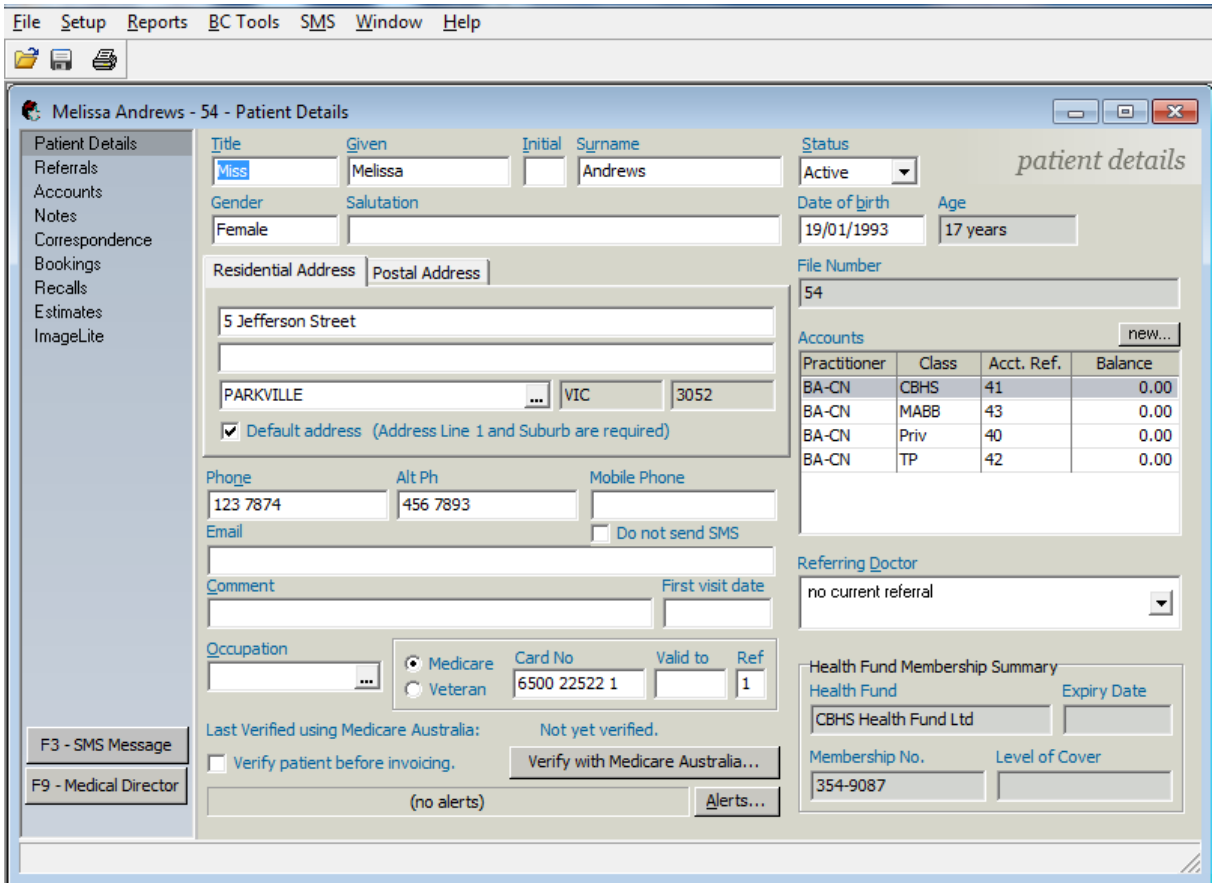
Invoicing

There are 2 main types of Invoices covered in this section. The most common is the Invoice/Receipt combination, (where the patient pays for the consultation at the conclusion of the appointment) and the second is the Standalone Invoice (where the patient pays for the consultation later OR a third party is being invoiced and will pay at a later date).

All instructions start from the Patient Details Screen unless otherwise specified.



Patient Details Screen

Combined Invoice/Receipt

This section assumes an account has been created. To create a new account, refer to the Creating Accounts section.

To start the invoicing procedure, click the right mouse button (right click) and select Invoice from the context menu.

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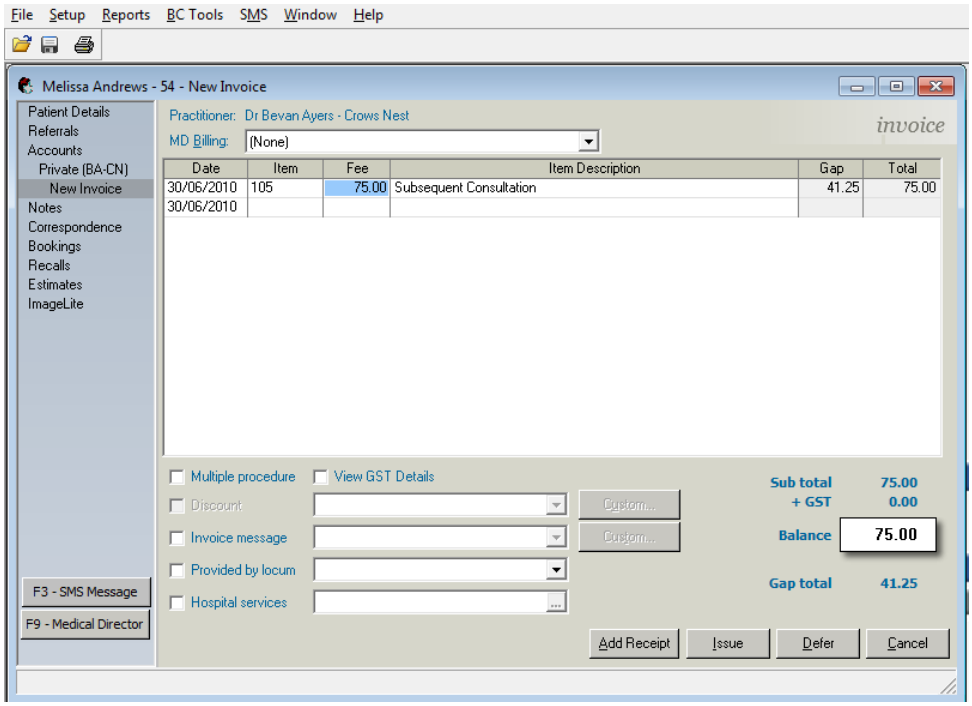
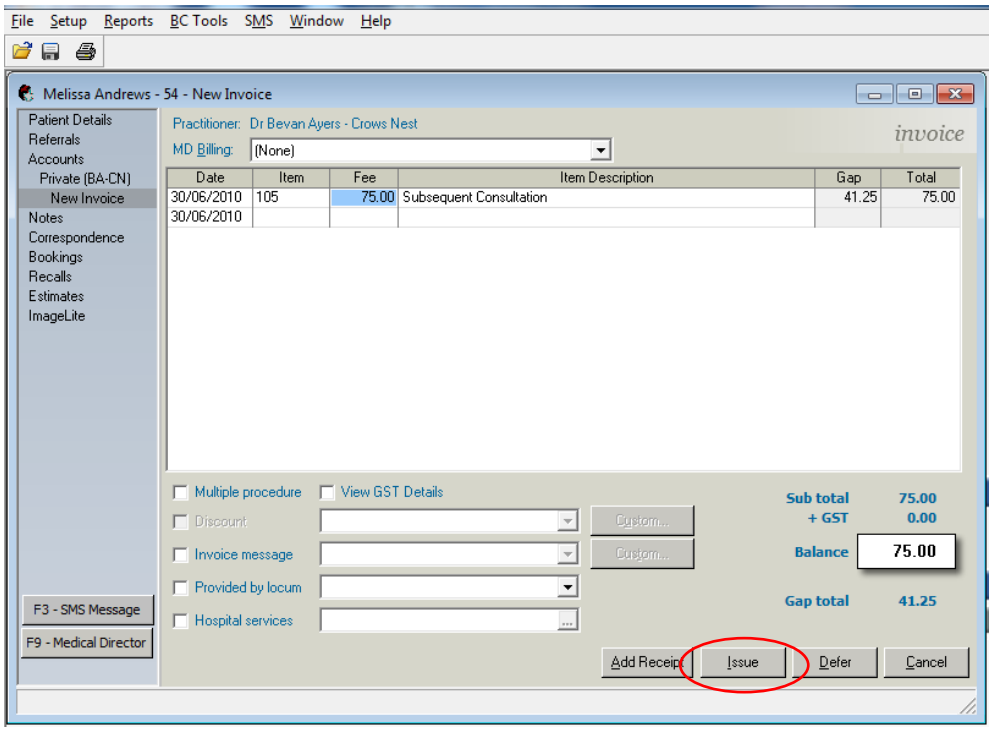
The following screen appears:



1. Press [Tab] to accept the current date (Service Date) and move to the next field OR change the date of service and then press [Tab]
2. Enter your Item code and [Tab]
3. The next field, item description will be filled in automatically, but can be edited. Press [Tab]

Although the fee will automatically fill in from the previous setup of your pricing schedule, this can still be overridden if required



4. Click the Add Receipt Button

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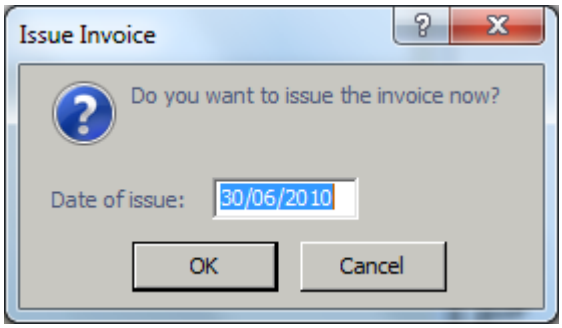
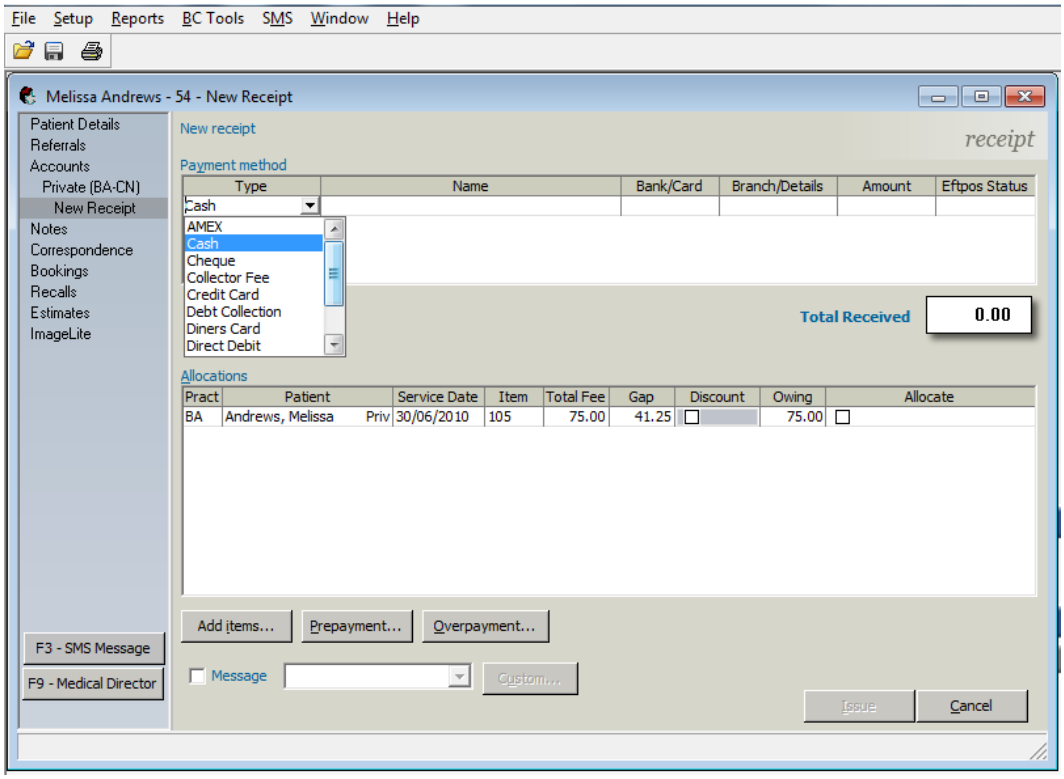


5. You will be asked if you wish to issue the invoice with an Issue Date. Click OK to accept

Tip: Date of Issue can be different to Service Date (e.g. invoicing Operation Billing for previous dates)

You will be taken to the Receipting Module to start your receipt process



6. Double Click in the Payment Type field or select from a list of available Payment types or simply start typing the name of the payment type and press [Tab]

Payment options are self explanatory however Credit Card refers to the mercantile system involving credit card slips.

EFTPOS covers both EFTPOS Auto and EFTPOS Manual using Visa/Master Cards and Debit Cards (referred to as Other).

Debit/Visa/Master Cards are recorded as EFTPOS Manual type transactions. (If Tyro EFTPOS is installed, the option EFTPOS Auto should be chosen).

Enter type payment (Cheque or Card) then Press [Tab] enter name of payer then Press [Tab] (If paying by cash, the name is automatically inserted).

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If paying by card choose from Visa, MasterCard or Other. Bankcard is still listed however it is now no longer used.

OTHER = Savings or Debits Cards).

Enter the Branch/Details (if required). Press [Tab]

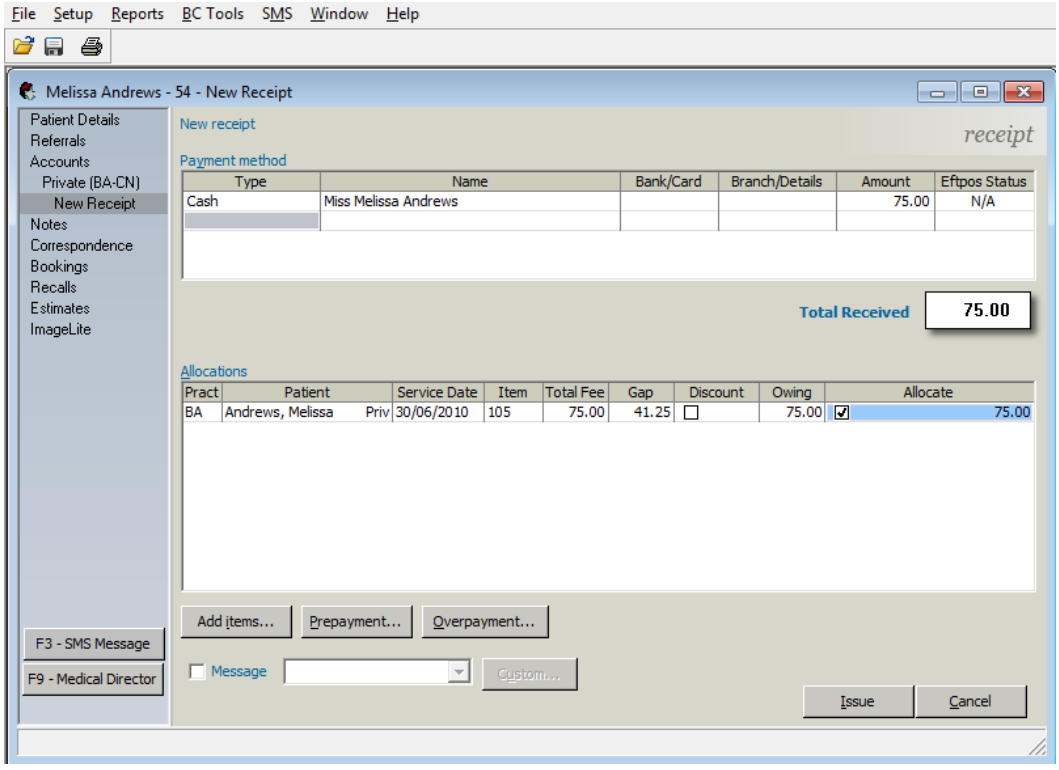
It is recommended for Audit trails that cheque branch or cheque numbers are recorded. EFTPOS or direct debit could reflect the transaction record number but not necessary.

TIP: Anything typed in here will be printed on the invoice – (therefore, please do not record Credit Card Details as this can lead to Fraudulent activities)

7. Enter the required amount and Press [Tab]
8. Select the invoice item the payment will be allocated against

   Click in the check box to record the allocation at the end of transaction line.

   If a tyro transaction is declined, Blue Chip will not complete the receipt. The screen will return the user to the new receipts screen. The first line will still contain the original information except the amount (which will be zero). This line **cannot** be edited. On the second line of the receipt, receipt using an alternative payment method. If the patient does not want the decline information appearing on the receipt, the receipt must be abandoned and started again.



9. Click Issue

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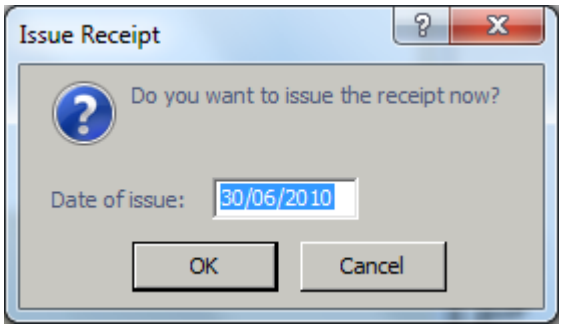
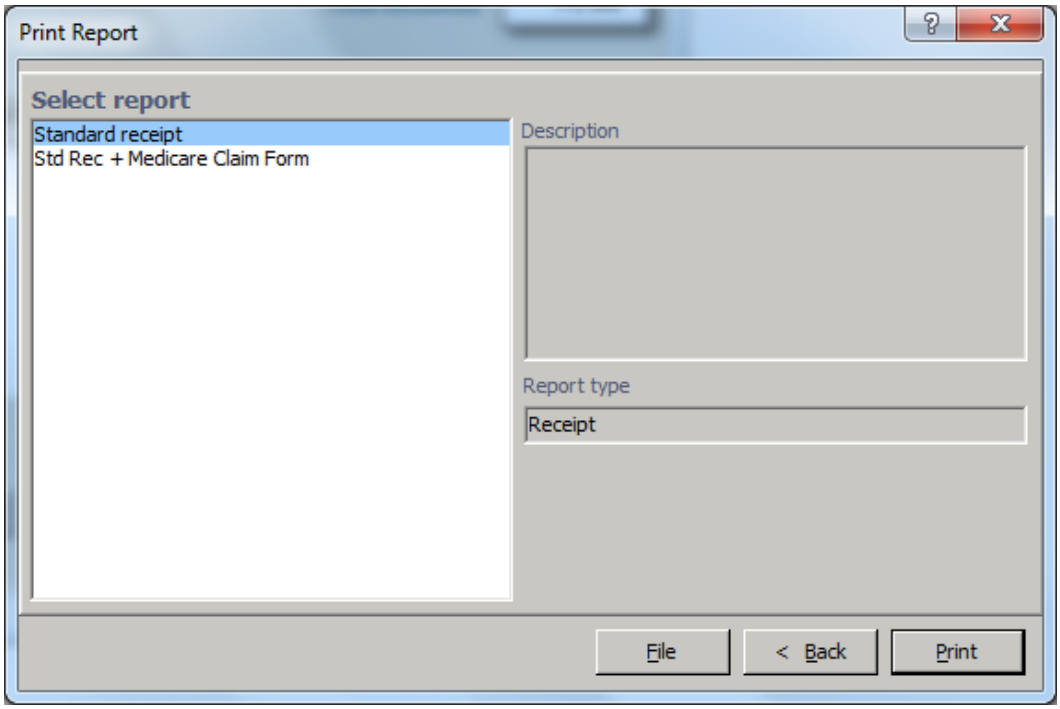
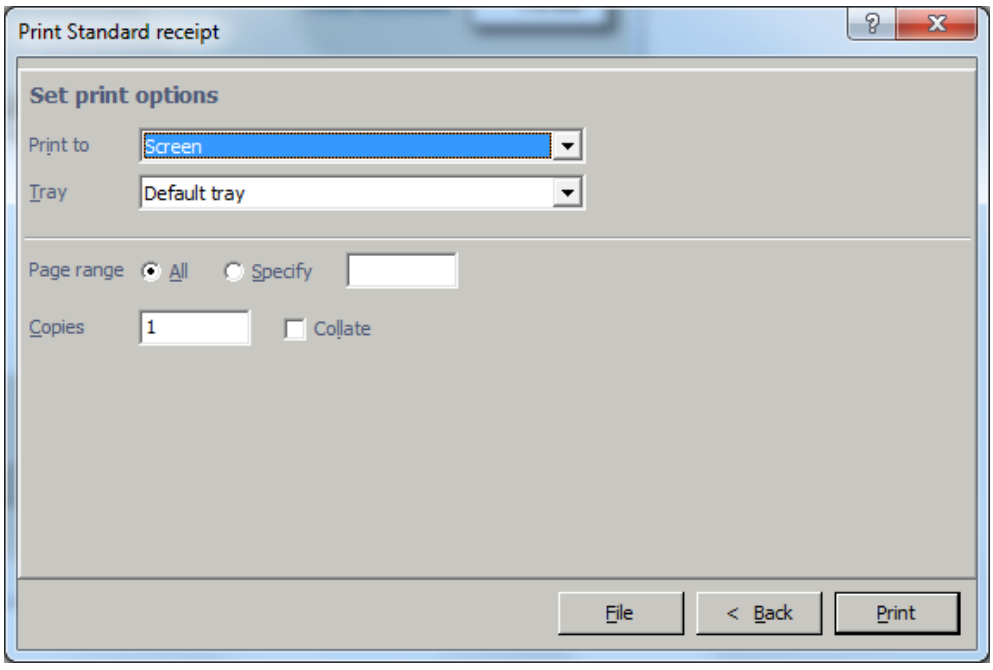


10. Click OK



11. Click Print



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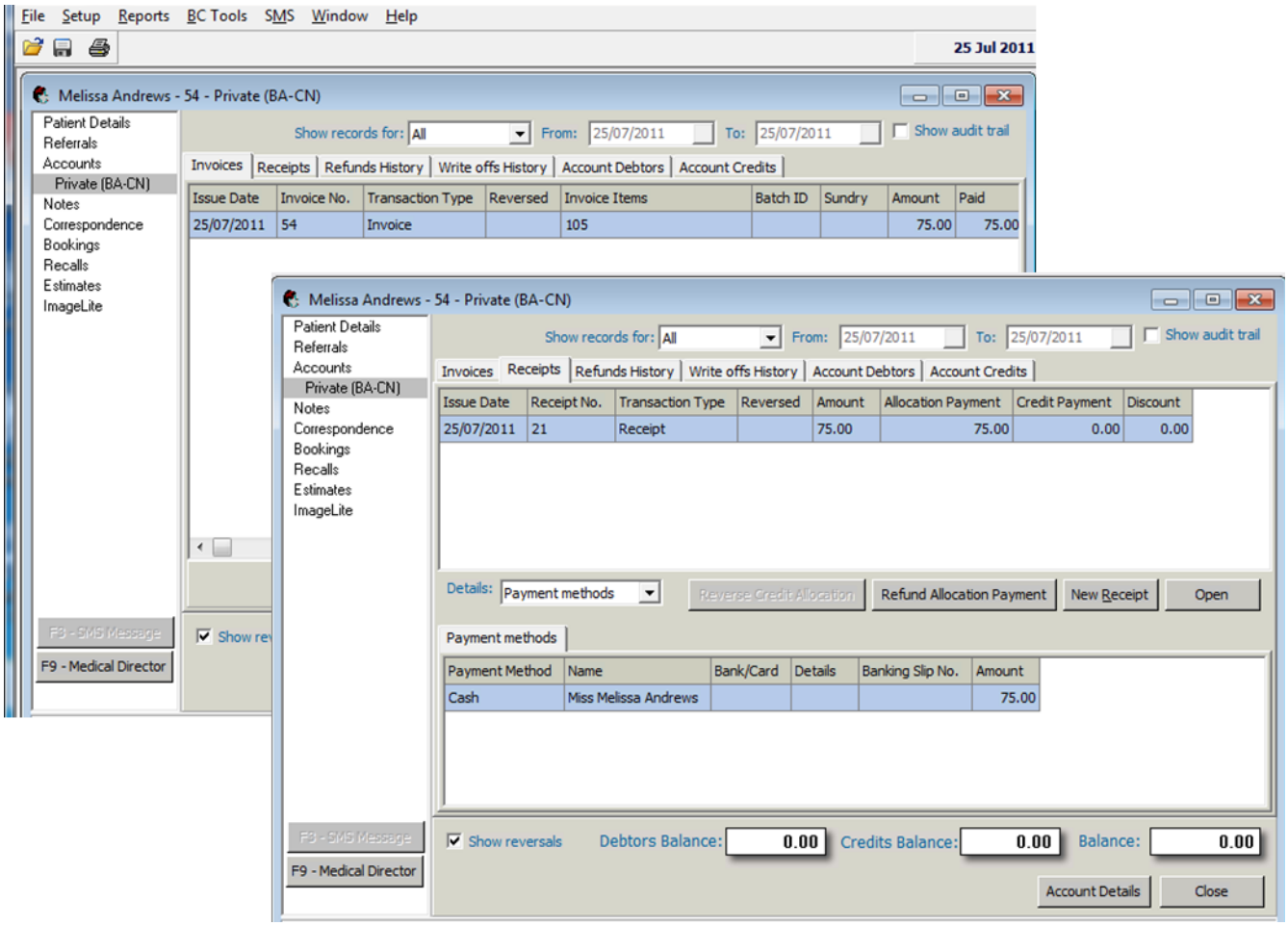
12. Select the printing destination and select [Print]
13. The Invoice/Receipt will print

The Invoice tab will show the invoice's service item number and the amount paid. The Receipt tab will show the amount paid, its allocation and the payment method.

For Part Payments please refer to page 106 .



Standalone Invoice

The following procedure is independent of how the Blue Chip user arrives at the accounts section of Patient Details.

1. Open the required account from Patient Details

   The following screen appears:

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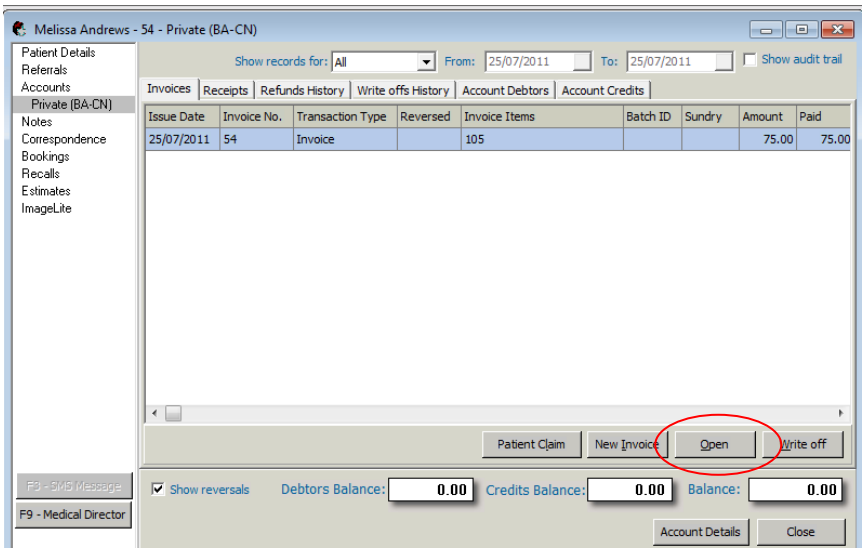

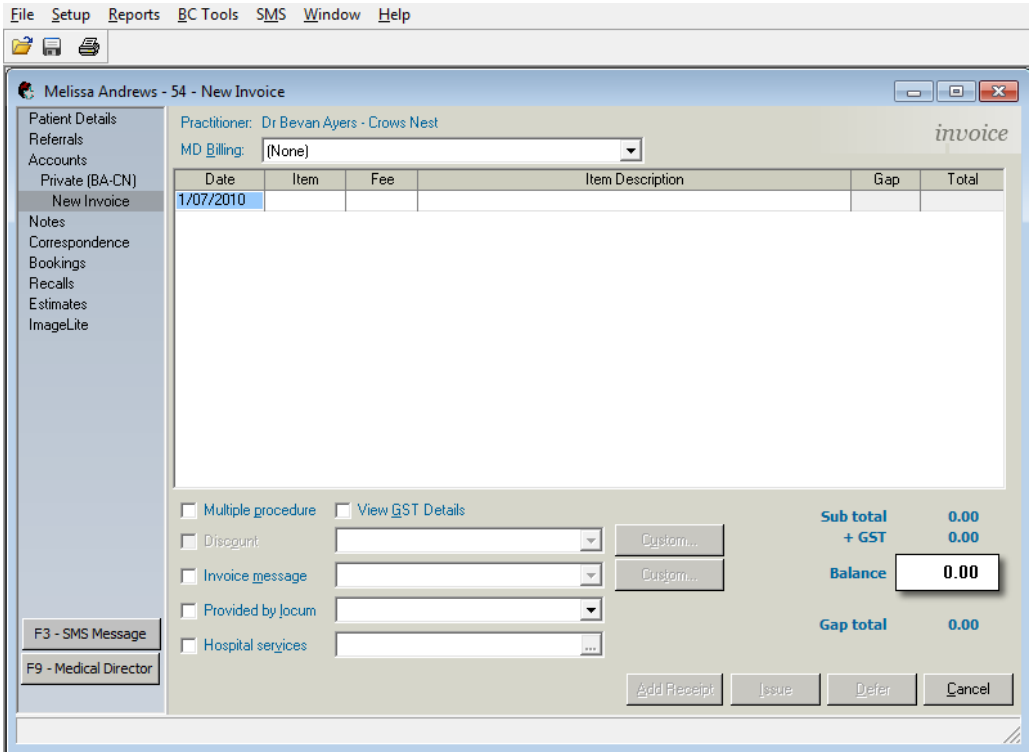

2. Click New Invoice from the Invoice screen
3. Press [Tab] to accept the current date and move to the next field or type the date of service and press [Tab]
4. Enter the required Item number and press[Tab]

The next field, item description will be filled in automatically, but can be edited. Press [Tab]. Although the fee will automatically fill in from the previous setup of your pricing schedule, this can be overridden

5. Click on the Issue Button

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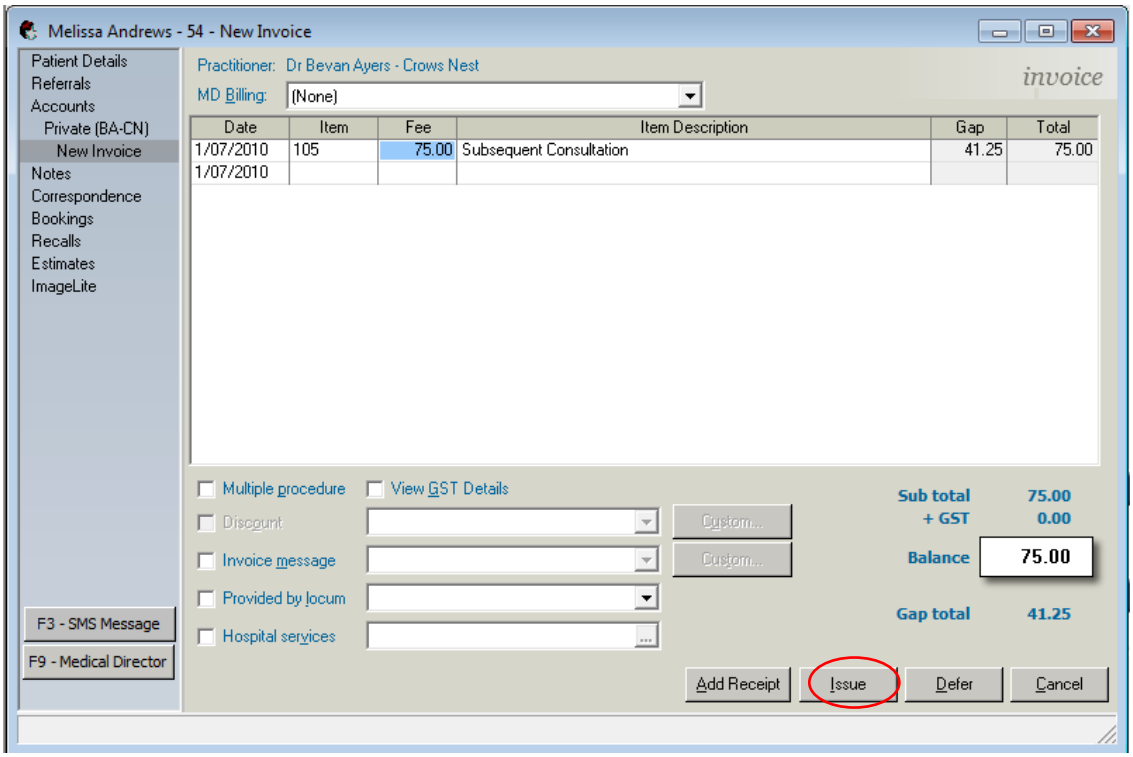
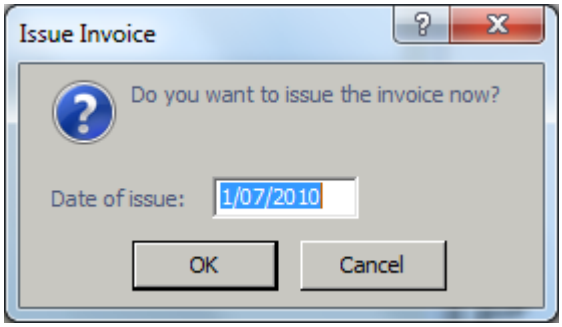
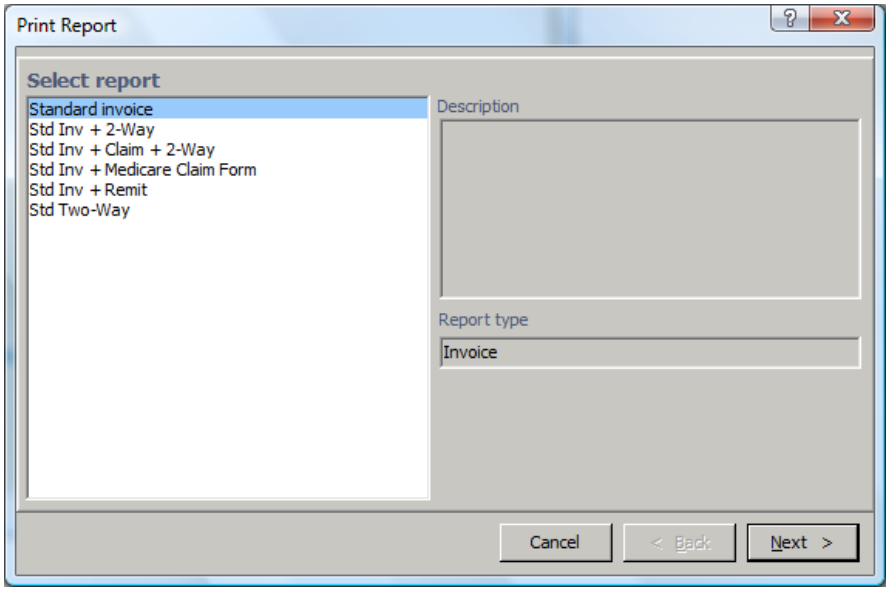


The next screen asks whether you wish to issue the invoice.



6. Click on OK



7. Click on Next at the following screen

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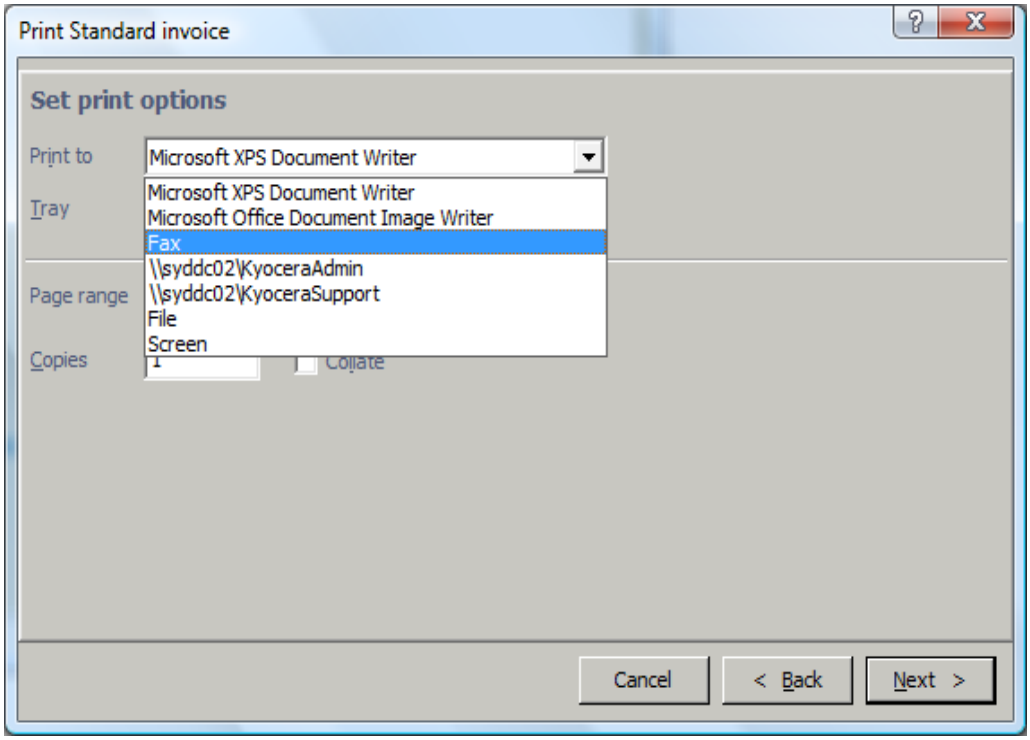
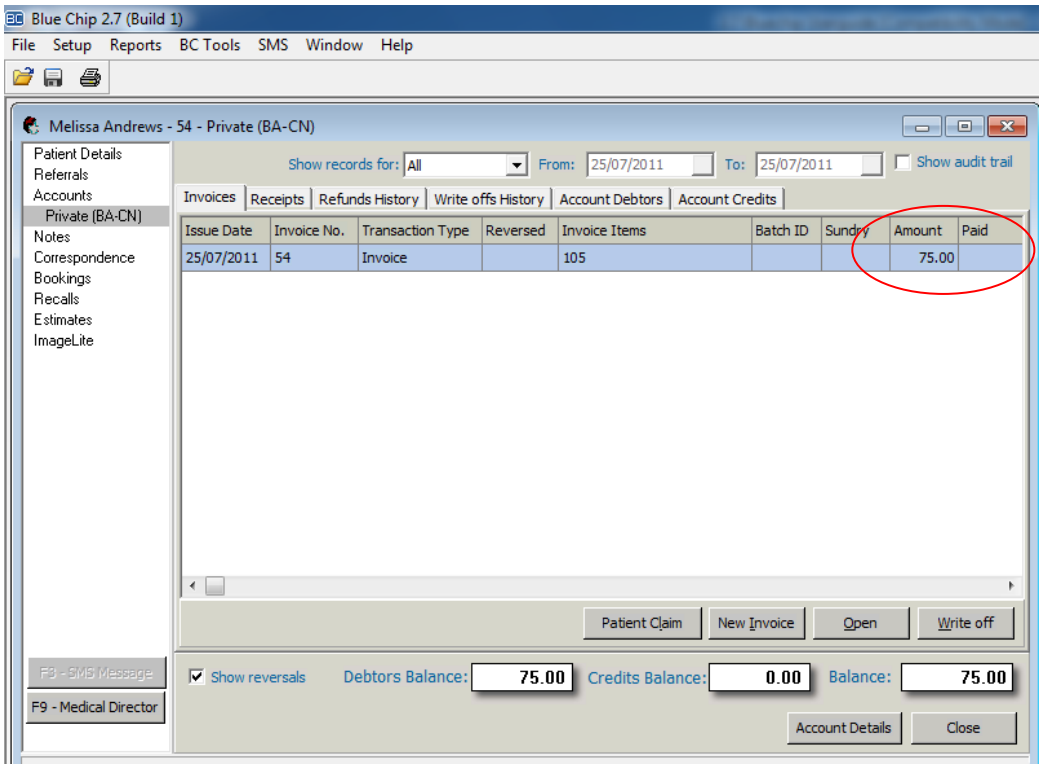
8. Choose the printer destination then Click Next



The invoice will print. In the patient's account the Invoice will show that it has been created but no payment has been made against it.



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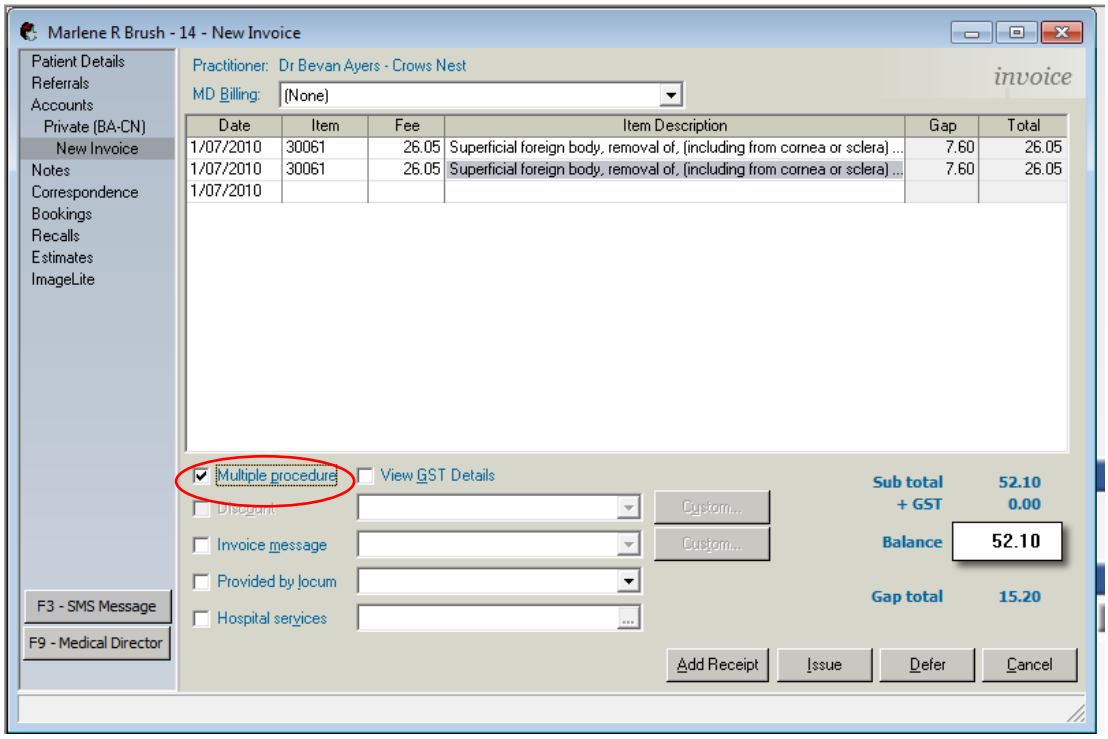
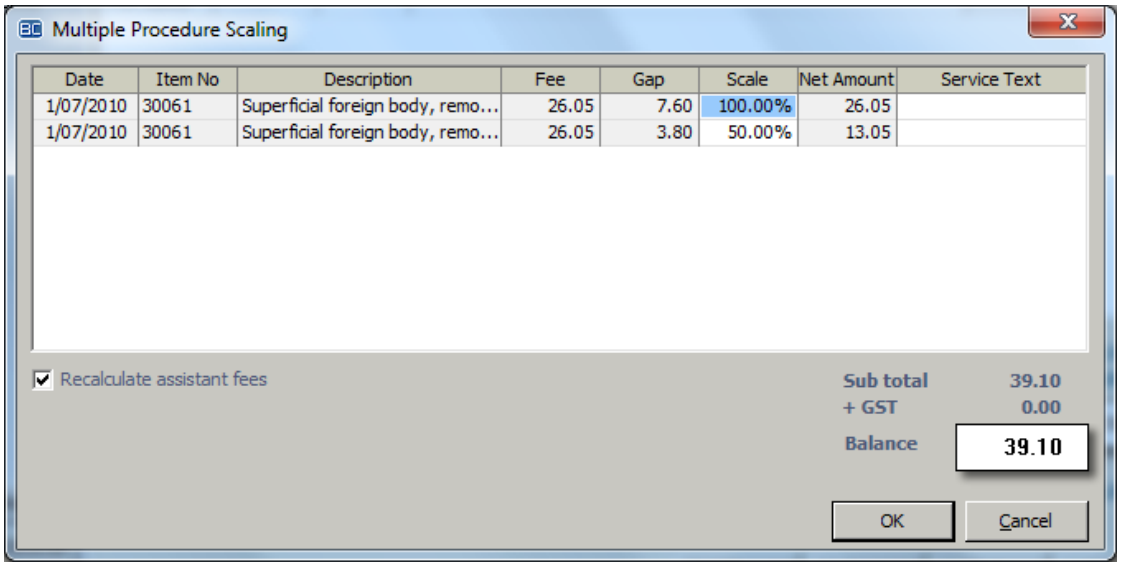
Multiple Procedures – In rooms (outpatient)



1. Create an invoice as shown earlier:
2. Clicking the Multiple Procedure check box enables scaling to be applied when billing multiple surgical items. These scaling can be overwritten. It is the practice's responsibility to ensure the correct item number(s) are scaled.
3. Enter in the item numbers in any order and Blue Chip will re-order them based on Medicare Australia Operation Ruling when the invoice is issued (providing they are based upon the Medicare item list). If item numbers are consultation based then the fee value will only be added.
4. Select Issue or Add Receipt depending on circumstances and the following screen will appear displaying the scaling calculations, if correct select OK.


Multiple Procedure Scaling
Date Item No Description Fee Gap Scale Net Amount Service Text
1/07/2010 30061 Superficial foreign body, remo... 26.05 7.60 100.00% 26.05
1/07/2010 30061 Superficial foreign body, remo... 26.05 3.80 50.00% 13.05
Recalculate assistant fees
Sub total 39.10
+ GST 0.00
Balance 39.10
OK
Cancel

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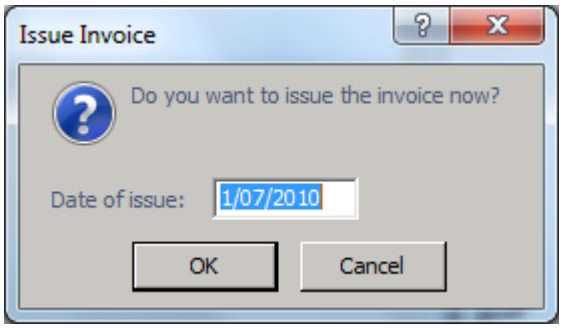
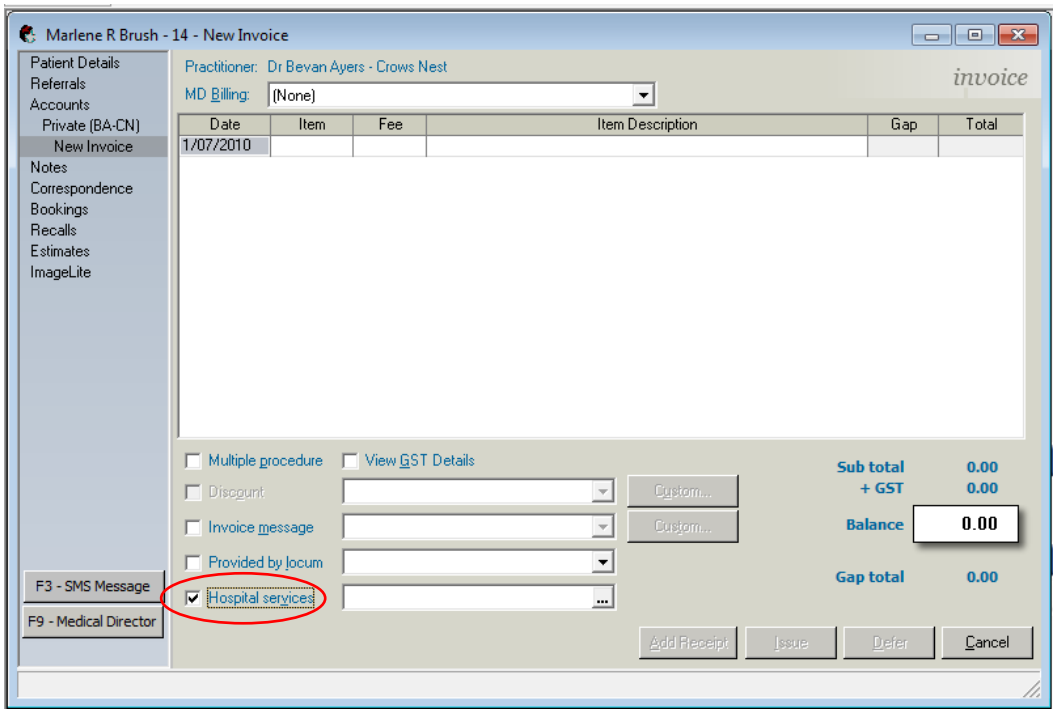


1. Click OK and either issue the invoice or complete the receipt as described earlier.

Hospital Services - Inpatient



The Hospital Services box indicates that the services provided are performed in a hospital. The rebate amount will reflect 75% of the schedule rate as required.

If Health Fund classes are used, then the Gap amount can change to reflect 100% as different pricing rates may be used.

TIP: Tick the Hospital Services box first before adding any items numbers.

2. Click the Hospital Services box
3. Type in Hospital name or select from the associated drop down list (denoted by the button with the 3 dots) as to where the services was performed. Press [Tab]
4. Add in Service date (this may need to be backdated to the date of the surgery)

When the Invoice is printed, an * will appear after the item indicating it was an inpatient procedure listing the Hospitals' name on the invoice

TIP: If the hospital has already been entered in your system it will be displayed in the database automatically.

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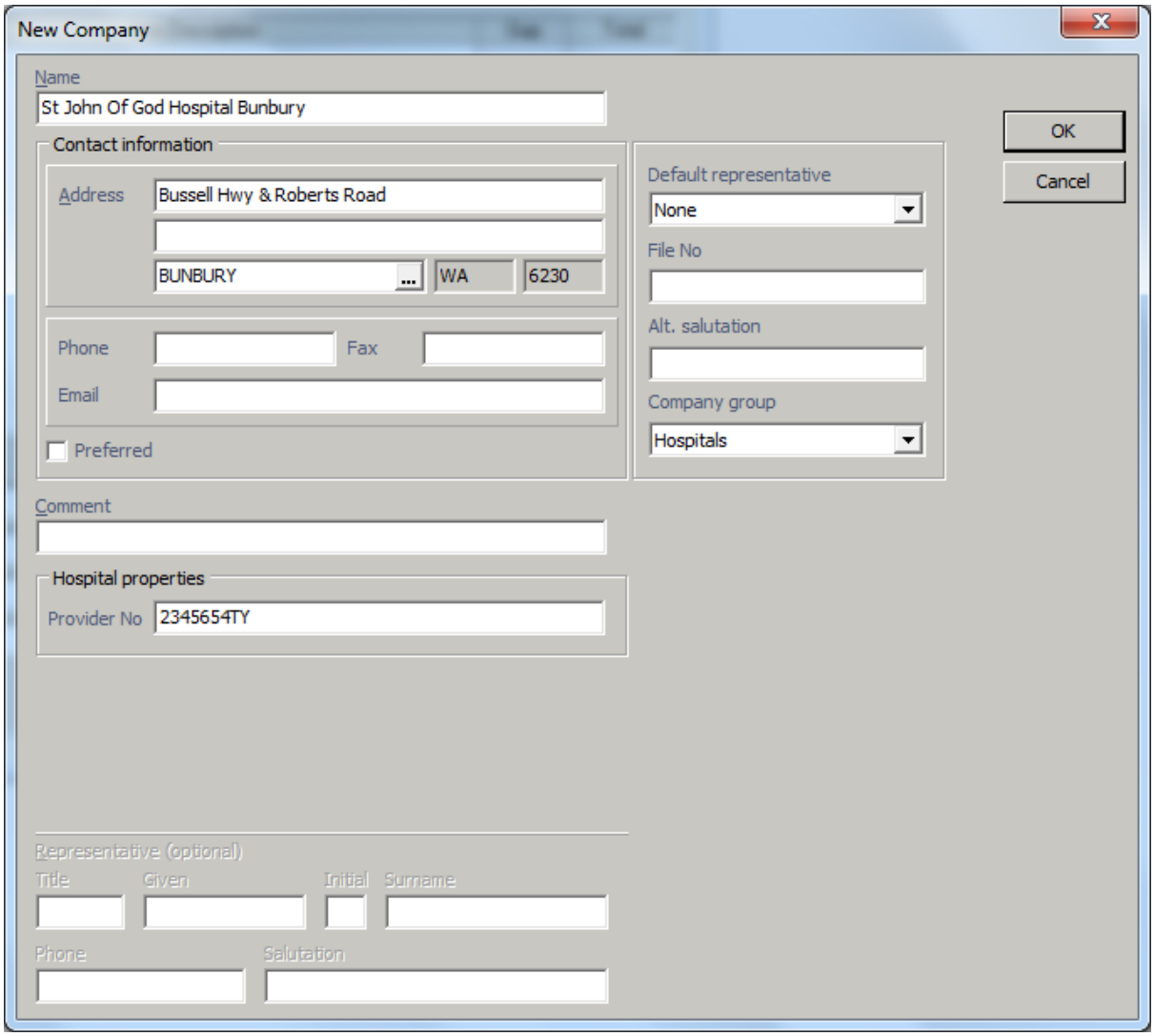
If the hospital has not been used before, the following screen will be presented, allowing users to create a new entry for that hospital:



Click on New and enter the hospital details appropriately

Click OK and the program will take you back into the invoice to be completed as normal

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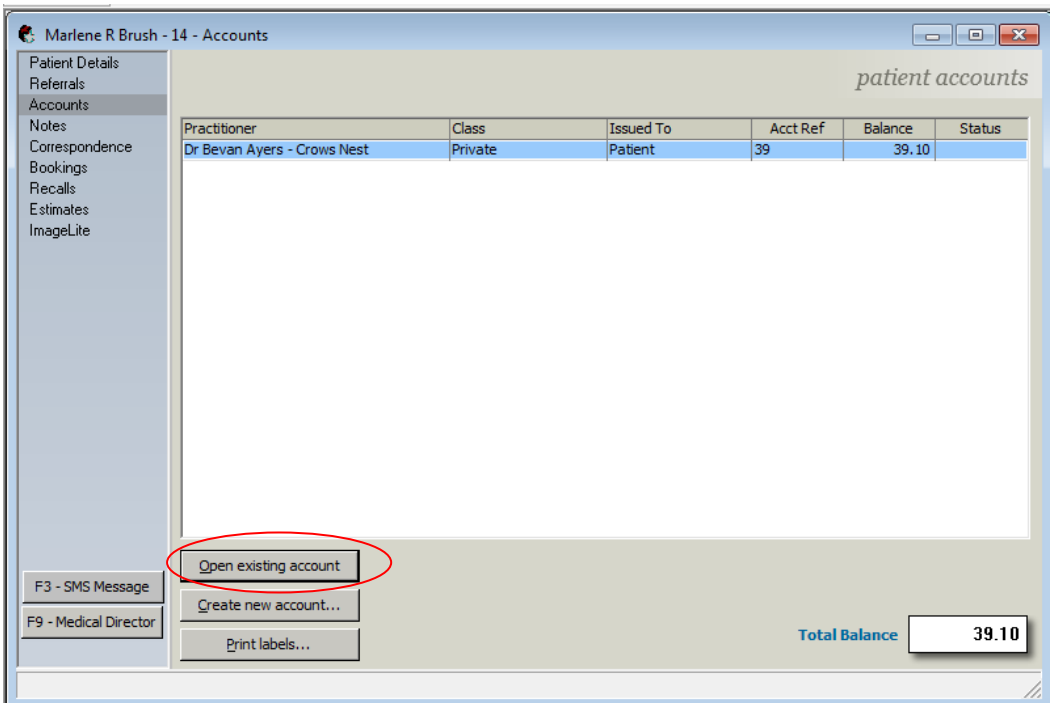
Receipts

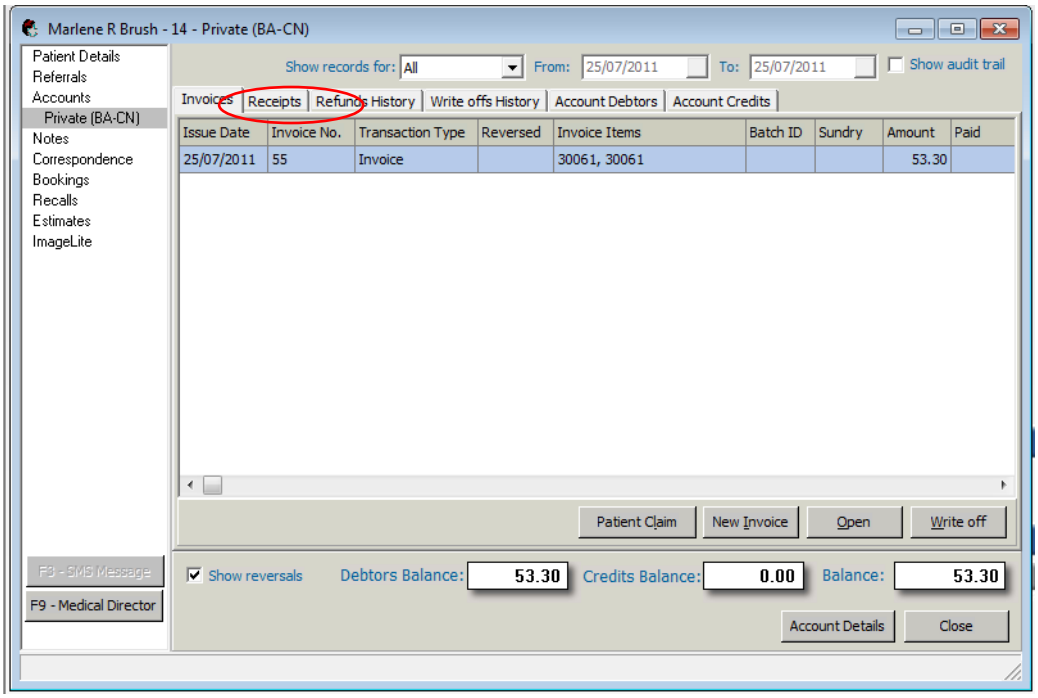
Receipting a Pre-Existing Invoice

The following section covers invoices that have already been issued and are listed in the Patient's account. In this scenario, the receipt will be created from within the Patient Details screen.

1. Select Accounts from the left margin menu



2. Click Open existing Account



3. Click Receipts tab

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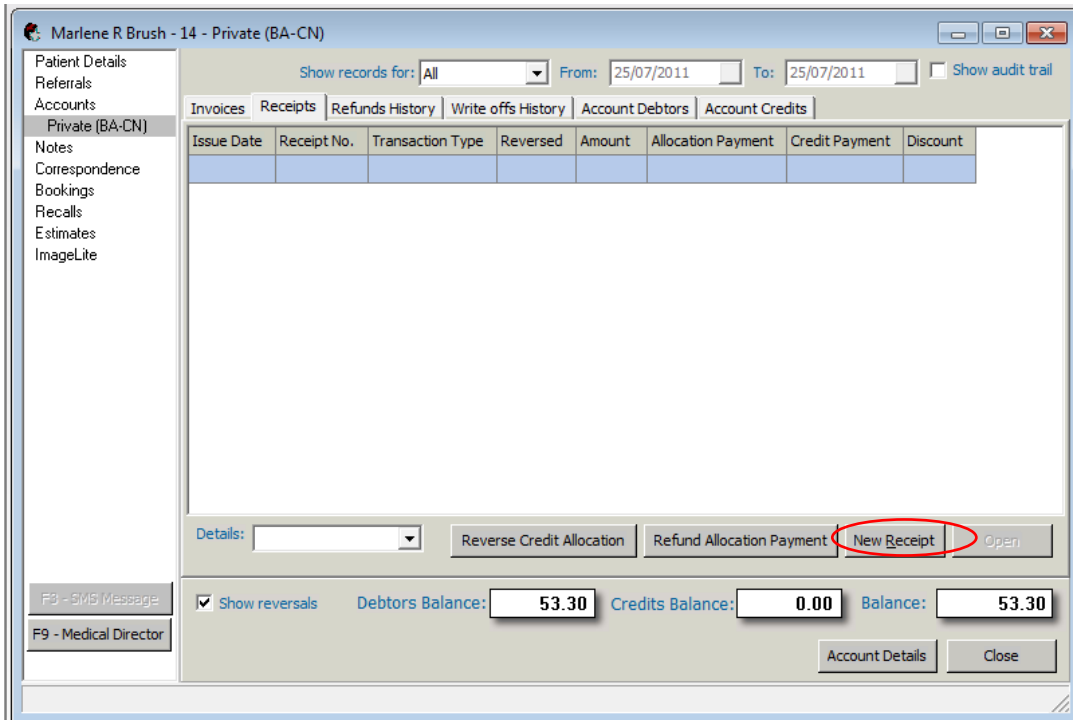
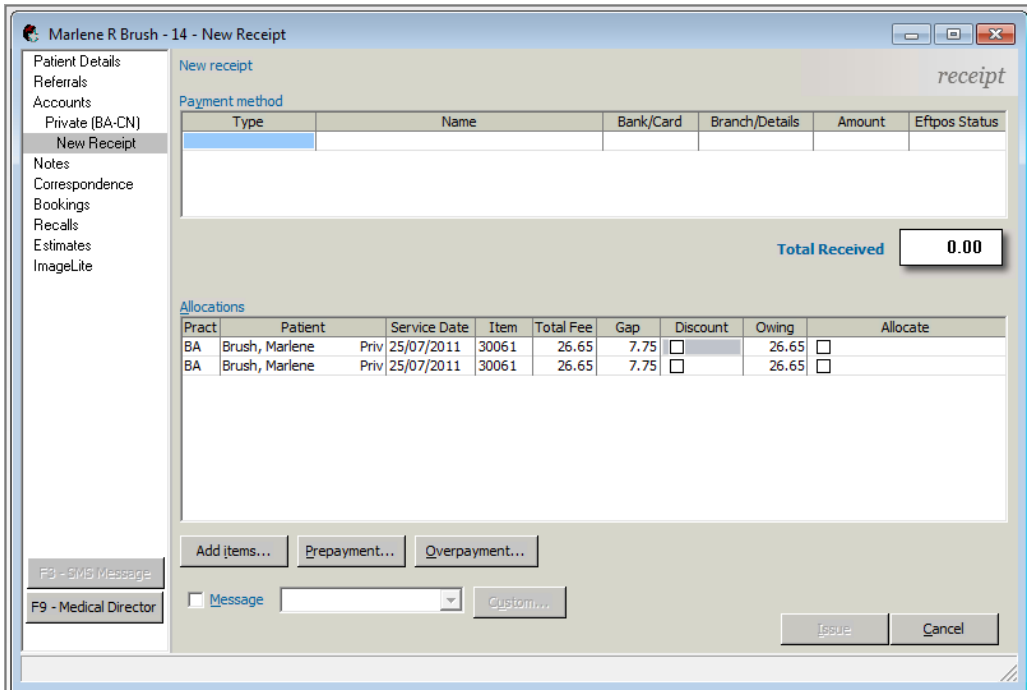


4. Click New Receipt



TIP: for explanations of the various payment types, please refer to Combine Invoice/Receipt process.

5. Double Click under Type to display a drop down menu of acceptable payment types OR start typing the payment type to display the name. Press [Tab]
6. Type the name of the payer (Cheque or Card). Press [Tab]
   (If paying by cash, the name is automatically inserted).
7. In Bank/Card select from Visa, MasterCard or Other
8. Enter the Branch/Details (if required). Press [Tab]

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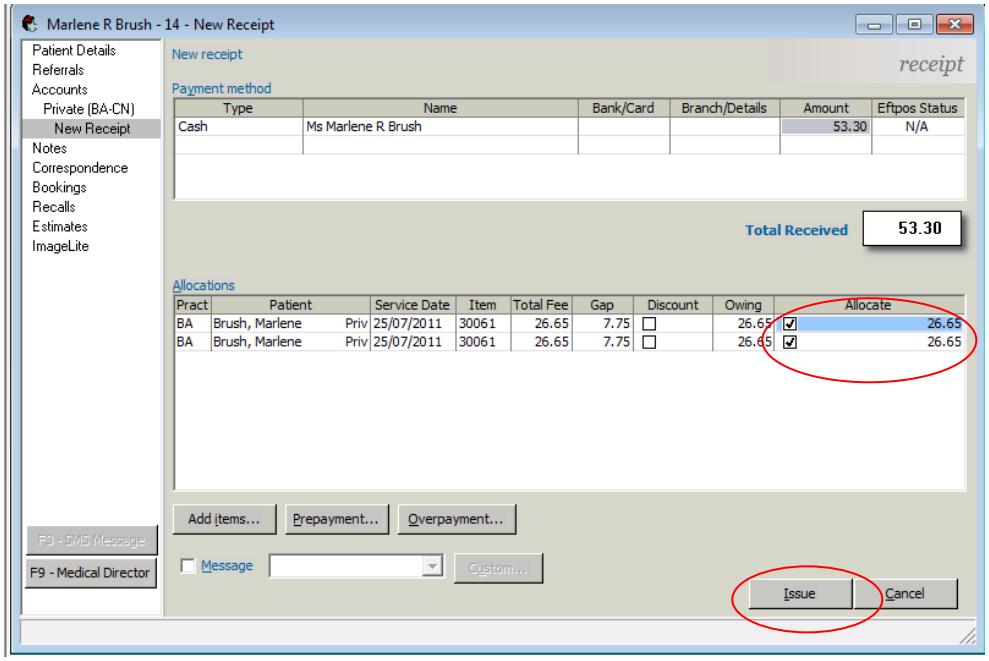
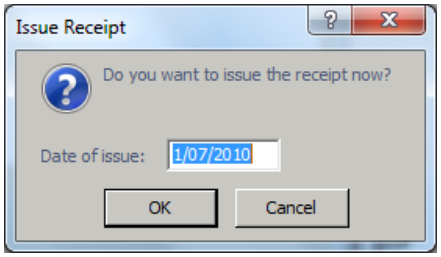
9. Enter the required amount and Press [Tab]
10. Select the invoice item the payment will be allocated against and click in the check box to record the allocation at the end of transaction line



11. Click Issue



12. Click OK

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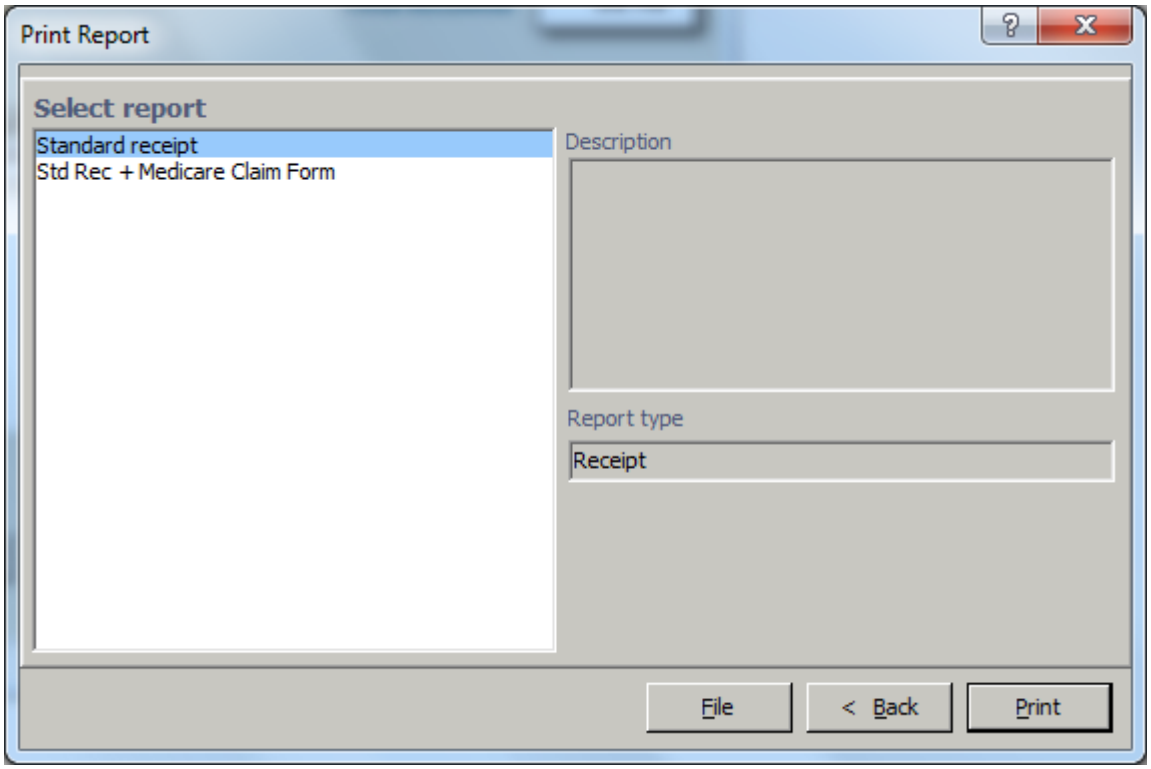
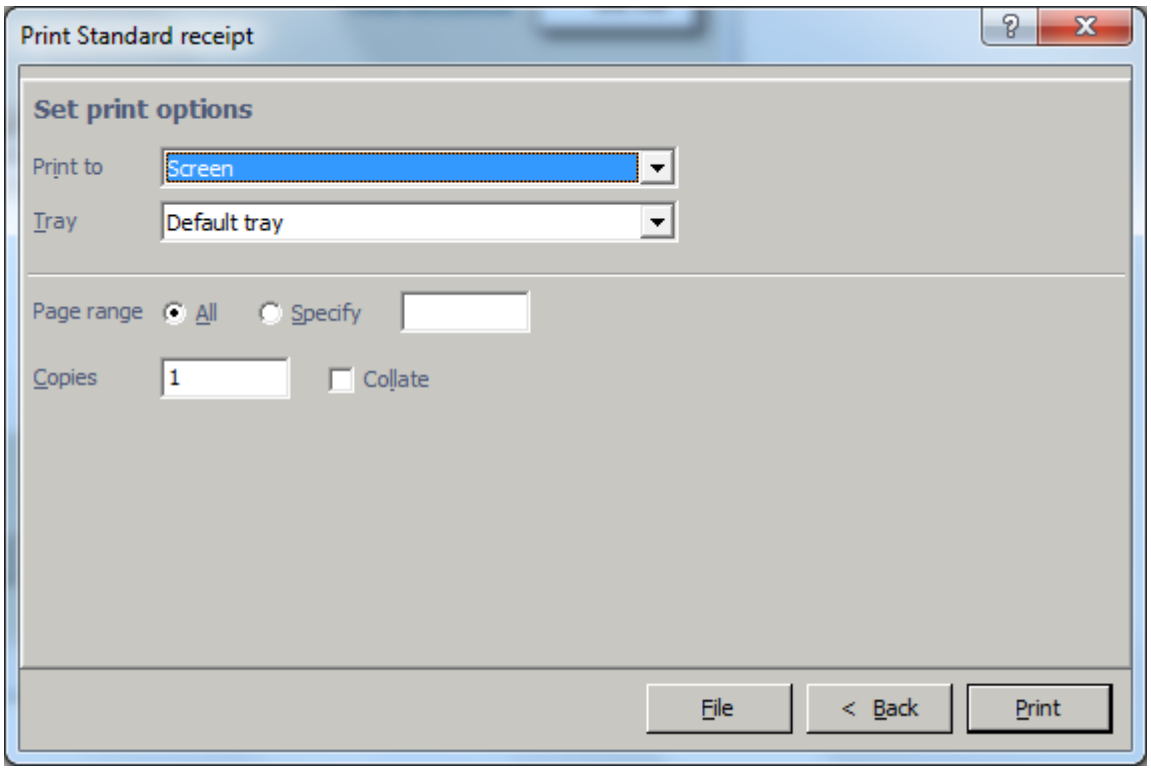


13. Select the type of Receipt and Click Print



14. Select the Printer destination
15. Click Print to print the receipt

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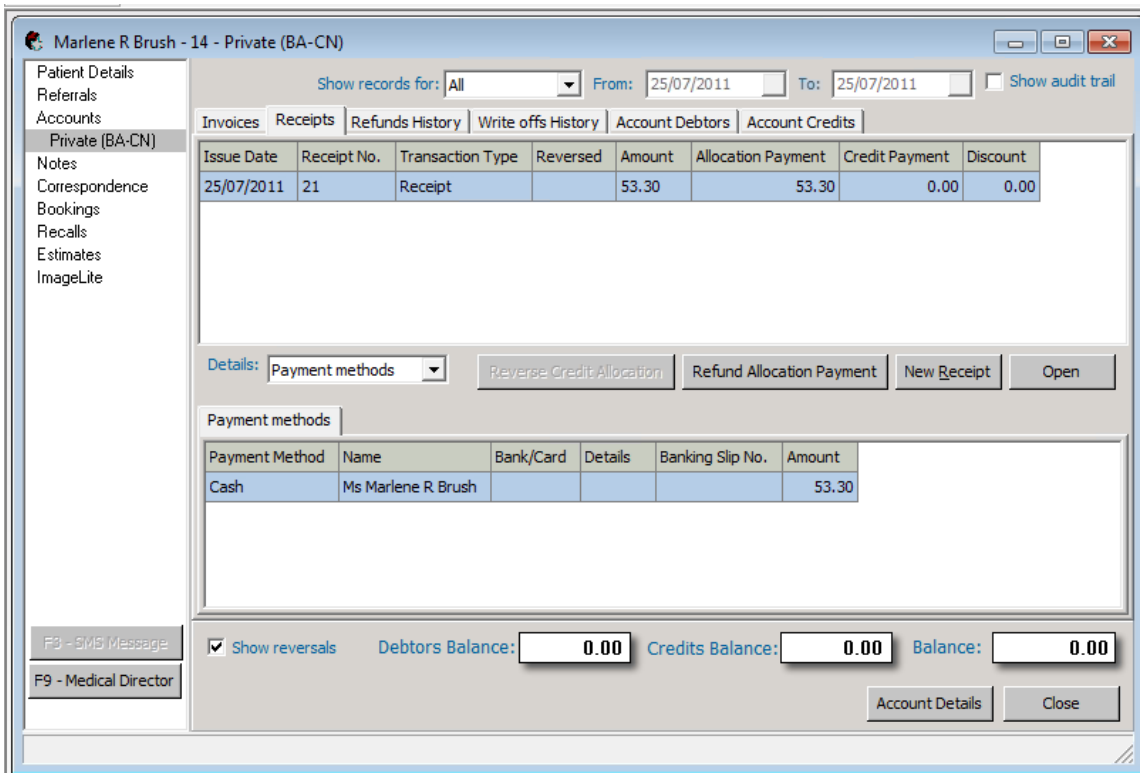

Receipting Multiple Patients

Blue Chip allows you to receipt multiple patient invoices with one payment

It is not recommended that split receipts be performed for invoices that require claiming from Medicare Australia.. This method is widely used when receipting third party statement payments – i.e. the payment (direct debit, cheque) pays multiple patients and a receipt is not required to be given to the patient.

Alternatively receipting two patients, (family members) on the one receipt

1. Invoice the first patient & issue the invoice (file do not print)
2. Invoice 2nd Patient and begin the receipt.
   (after allocating the payment to the invoice do not print, goto step 3)

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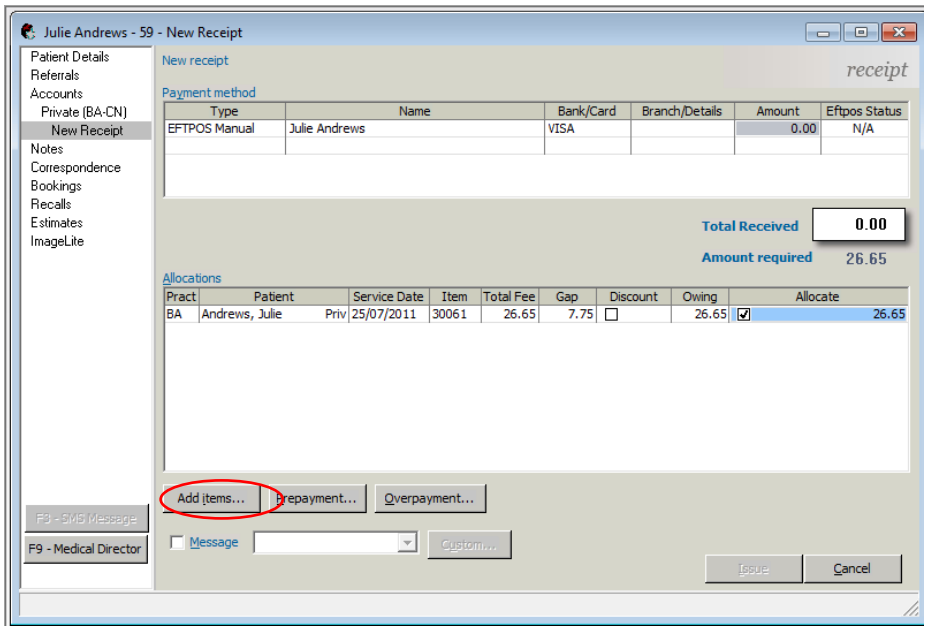
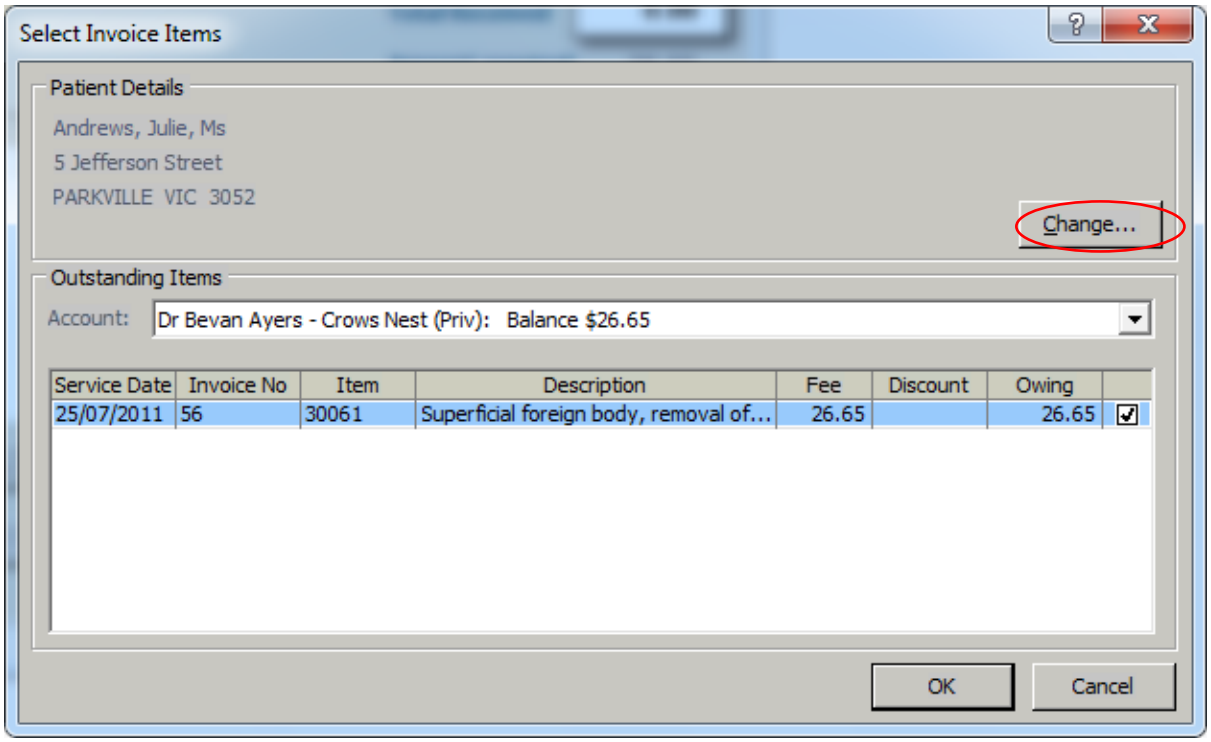


3. Click Add Items



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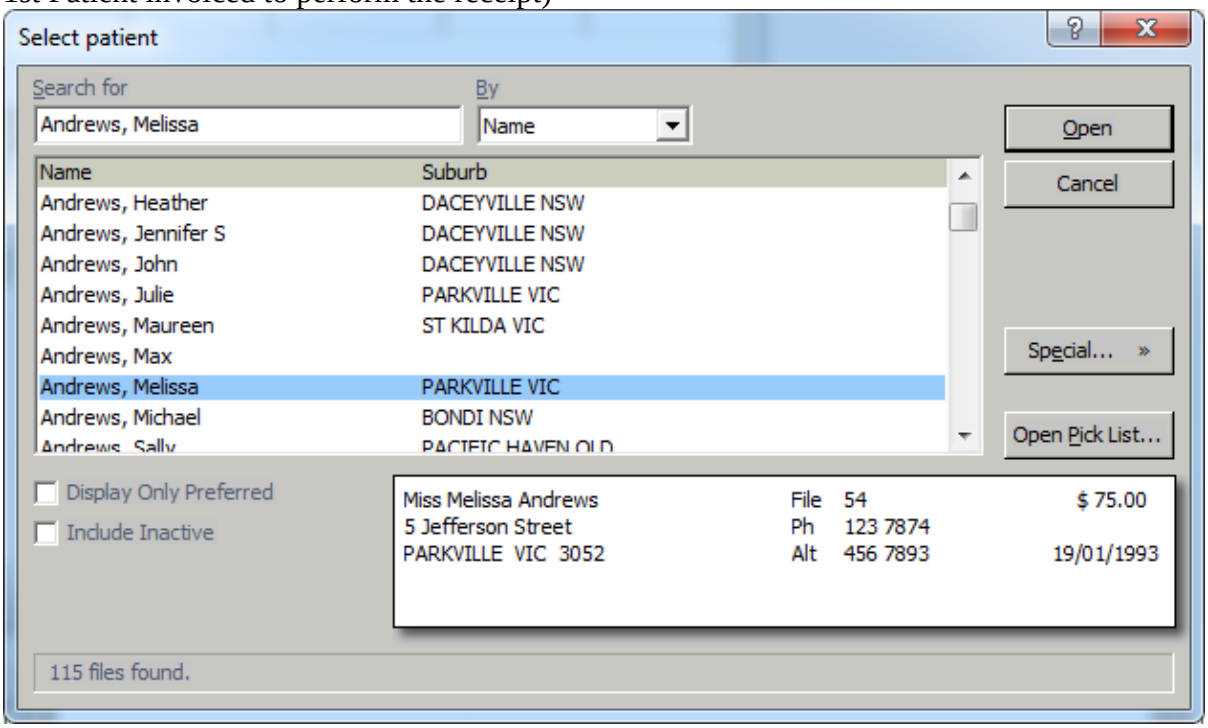
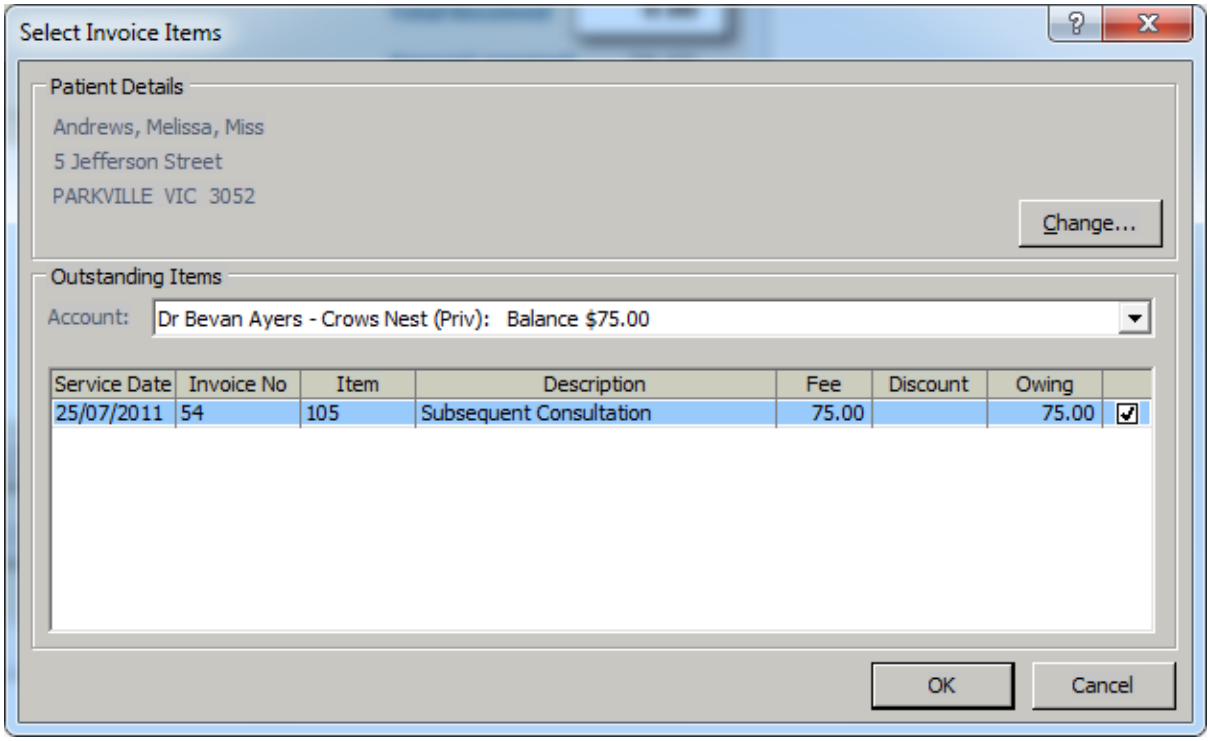
4. Click on the Change button (This will open up the Patient Search facility. Select the 1st Patient invoiced to perform the receipt)



5. Click Open the Patient and their details and outstanding amount will feed into Select Invoice Items dialogue box
6. Click inside the checkbox to select which invoices your paying for



7. Click OK

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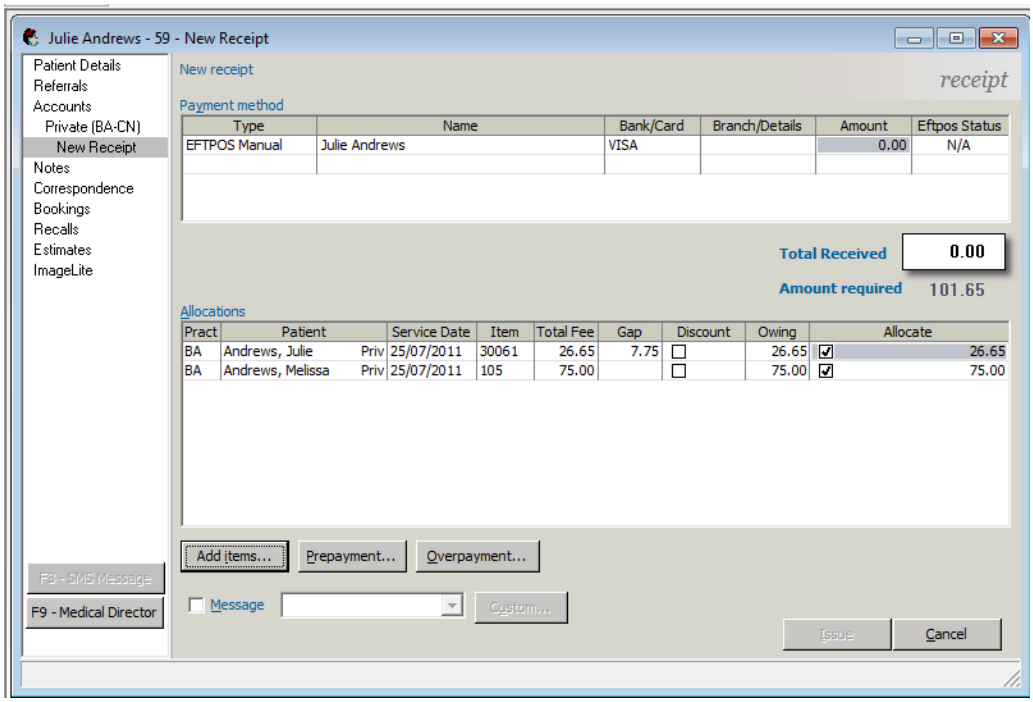
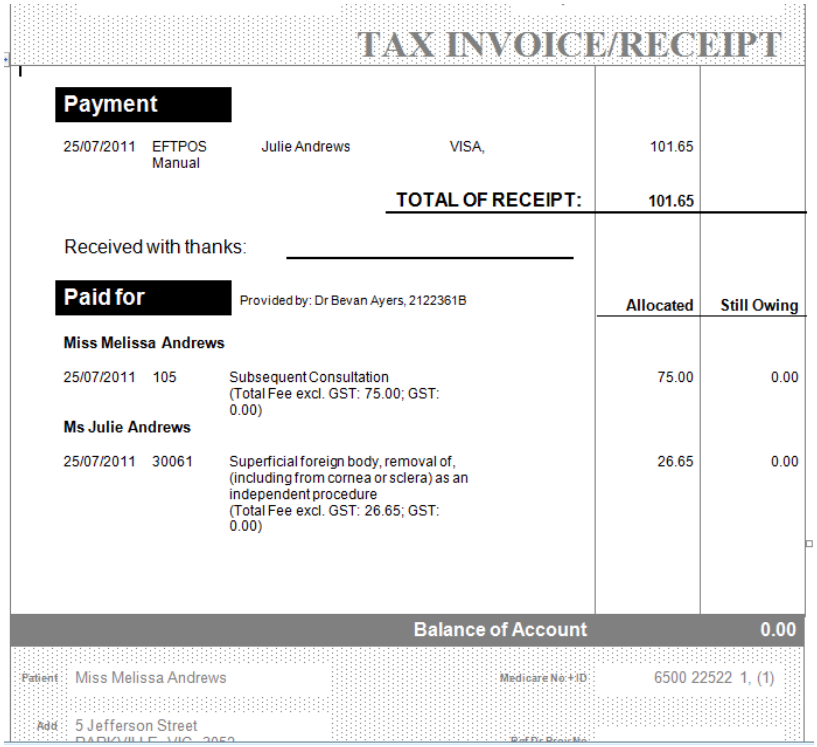


8. Click Issue and Print the Receipt as normal

In the example below the printed receipt shows details of the Payment and Invoices receipted for the Andrews family.



TAX INVOICE/RECEIPT

Payment

25/07/2011	EFTPOS Manual	Julie Andrews	VISA,	101.65

TOTAL OF RECEIPT: 101.65

Received with thanks: _____

Paid for Provided by: Dr Bevan Ayers, 2122361B

			Allocated	Still Owing
Miss Melissa Andrews				
25/07/2011	105	Subsequent Consultation (Total Fee excl. GST: 75.00; GST: 0.00)	75.00	0.00
Ms Julie Andrews				
25/07/2011	30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (Total Fee excl. GST: 26.65; GST: 0.00)	26.65	0.00

Balance of Account 0.00

Patient: Miss Melissa Andrews Medicare No:+ID: 6500 22522 1, (1)

Add: 5 Jefferson Street

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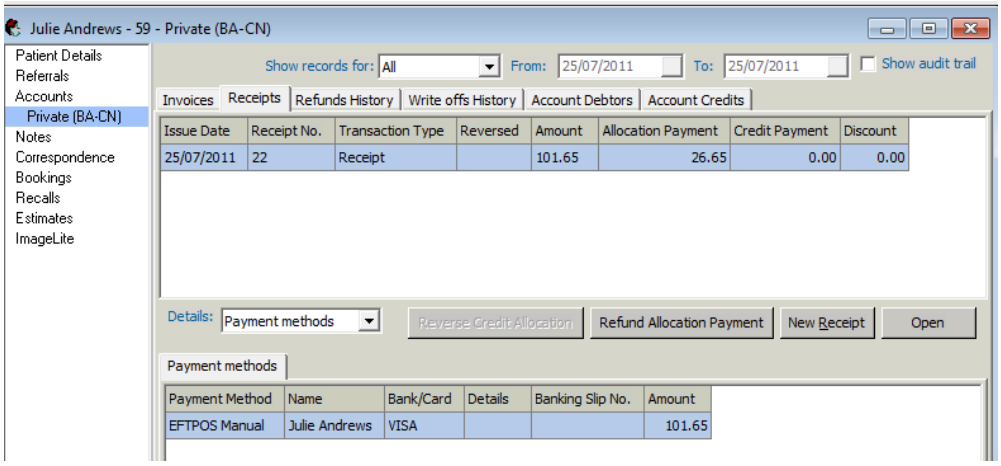

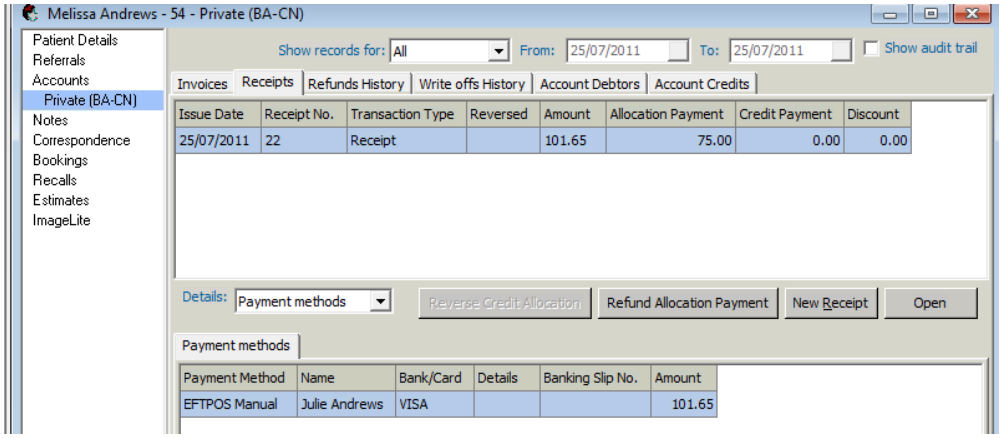

The Receipt screen for each patient show that payment has been received for each outstanding amount, with the same receipt number.

Part Payments

Part payments occur when only a portion of the invoice is paid.

These may include:

- The gap amount paid at the time of consultation
- Receipting part payments on surgical procedures (i.e. Medicare and Health Fund portion only)

Part payments can be made at the time of consultation (Combined Invoice/Receipt) or as payment of pre-issued invoice

For a Combined Invoice/Receipt

- Select the **Add Receipt** button after billing the patient (see Combined Invoice/Receipting process), after issuing, jump to step 15

For a previously Issued Invoice

1. Select the invoice to create the receipt for.
2. Click on the **New Receipt** button

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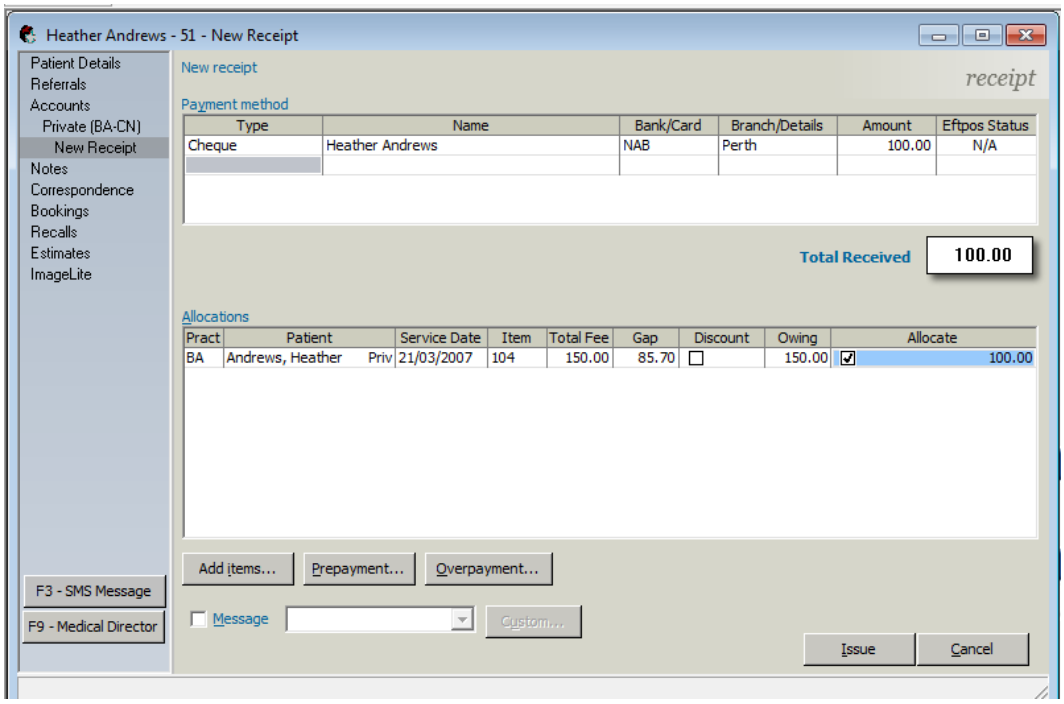
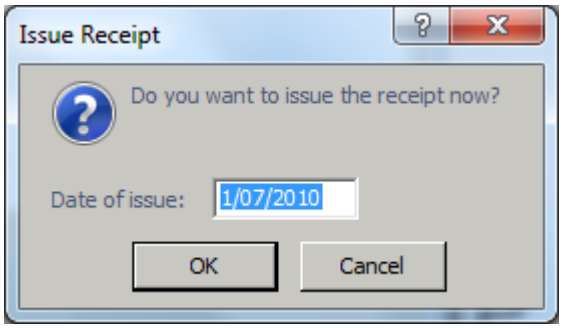
3. Double Click under Type to display a drop down menu of acceptable payment types OR start typing the payment type to display the name. Press [Tab]
4. Type the name of the payer (Cheque or Card). Press [Tab]
   (If paying by cash, the name is automatically inserted).
5. In Bank/Card choose from Visa, MasterCard or Other
6. Enter the Branch/Details (if required). Press [Tab]
7. Enter the amount received (which will be less than the required amount of the invoice), and Press [Tab]
8. Select the invoice item the payment will be allocated against (see screen capture below)
9. Click in the check box to record the allocation at the end of transaction line or over type in the amount receipted (which is less than the invoiced amount).
10. Press [Tab]



11. Click on the Issue button



12. Click on OK

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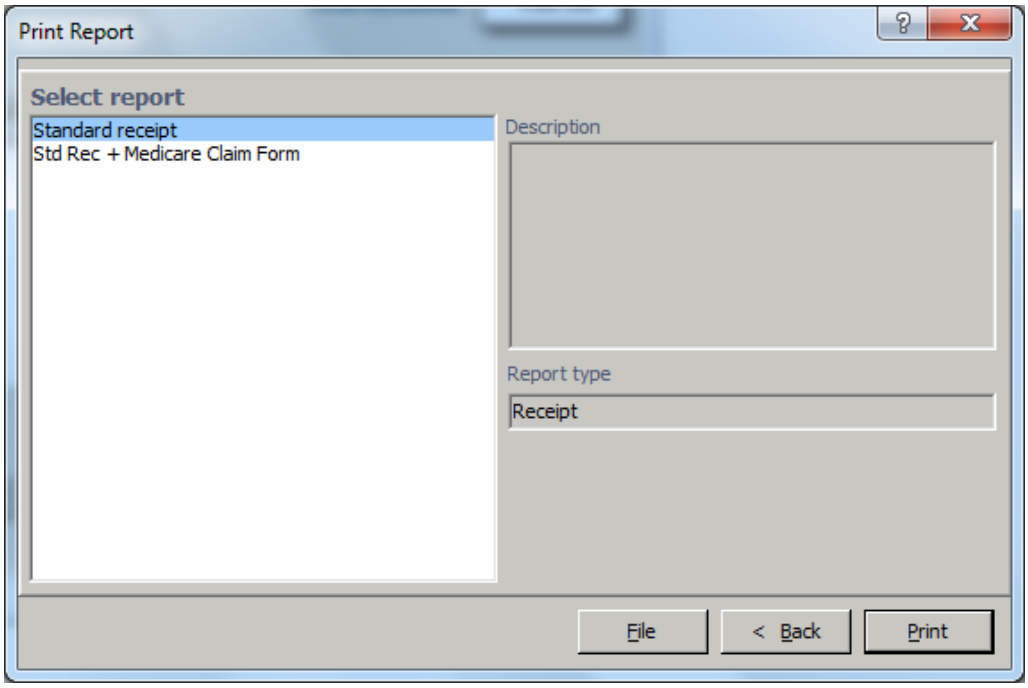
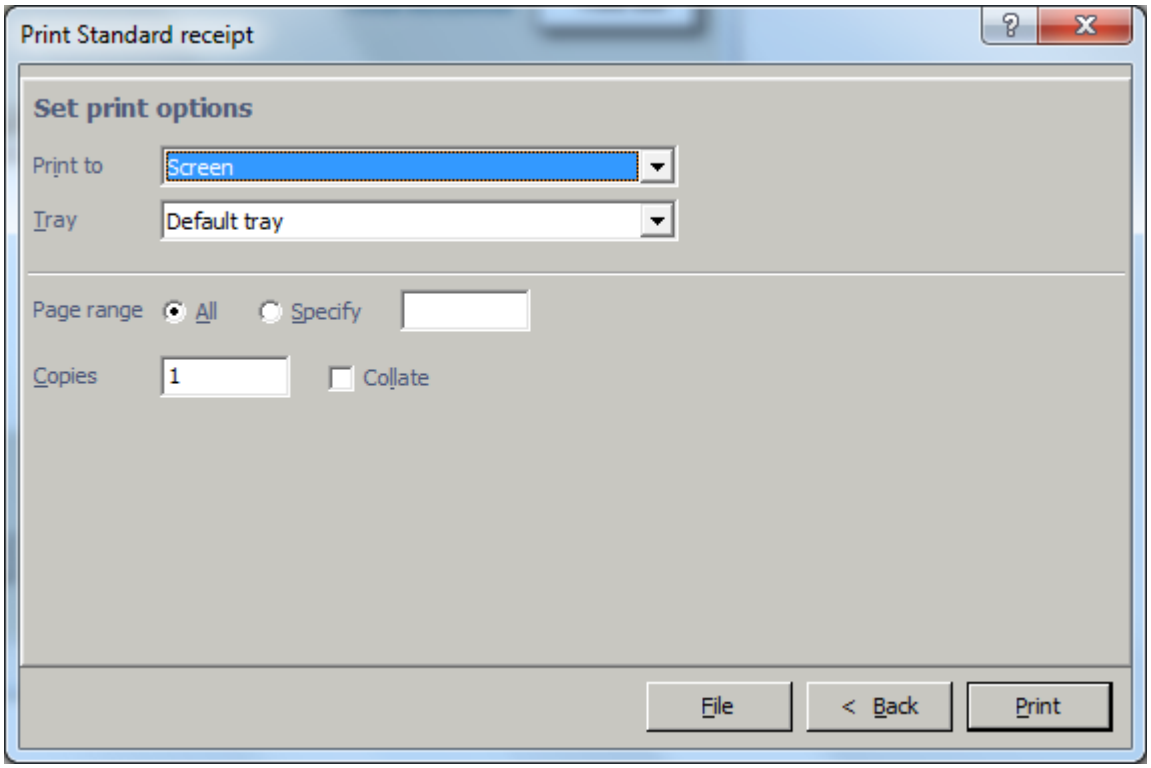


13. Click Print



14. Set the printing destination and press [Print].
15. The Invoice/Receipt will print.

The Invoice screen shows the partial payment, the Account Debtors screen shows the amount outstanding alongside the original invoice and receipted amounts.

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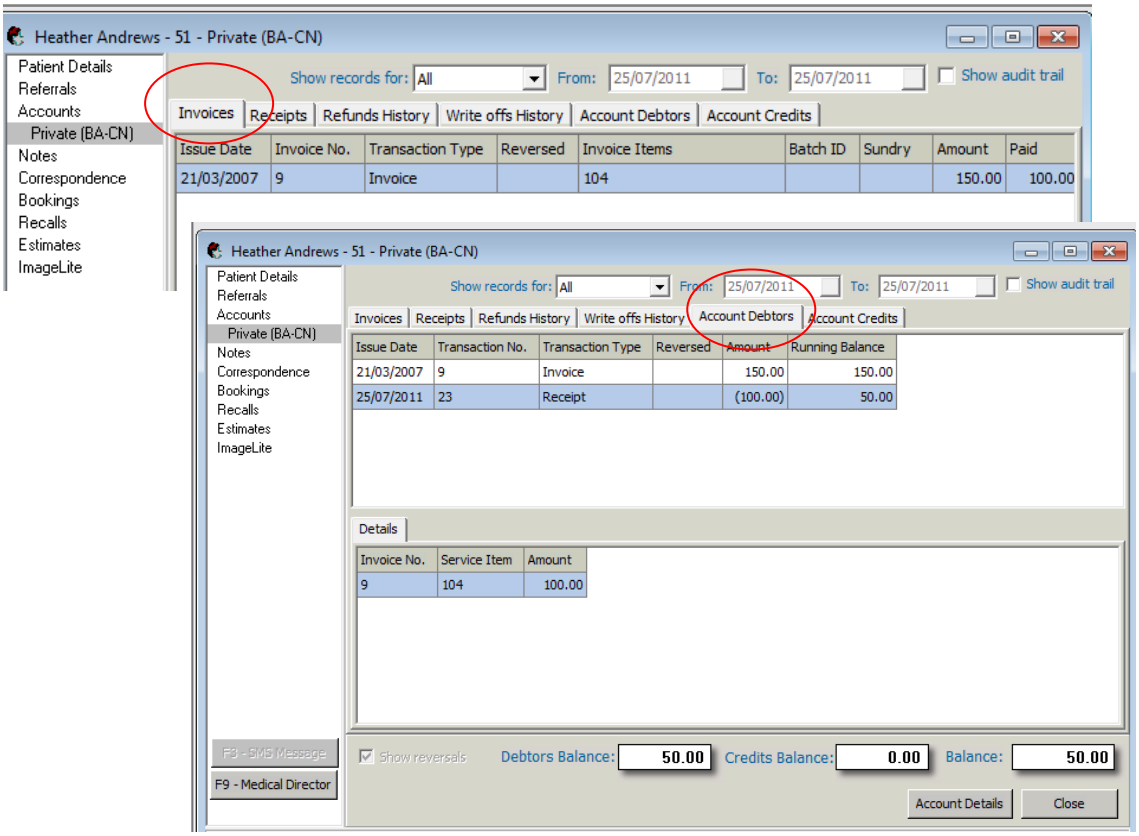

Overpayments

Overpayments may arise from time to time, how the practice deals with the situation will be defined by the established business process within the practice. This section is designed to show how to use Blue Chip to record some scenarios.

Typical scenarios may be patients have pre-paid (the Gap as defined in the Estimate provided earlier) and the rebates from the Health Fund or Medicare have increased on that particular service item.

1. Open the patient's account.
2. Click on the New Receipt button
3. Complete the Receipt as normal practice for the amount being paid (not the amount invoiced)

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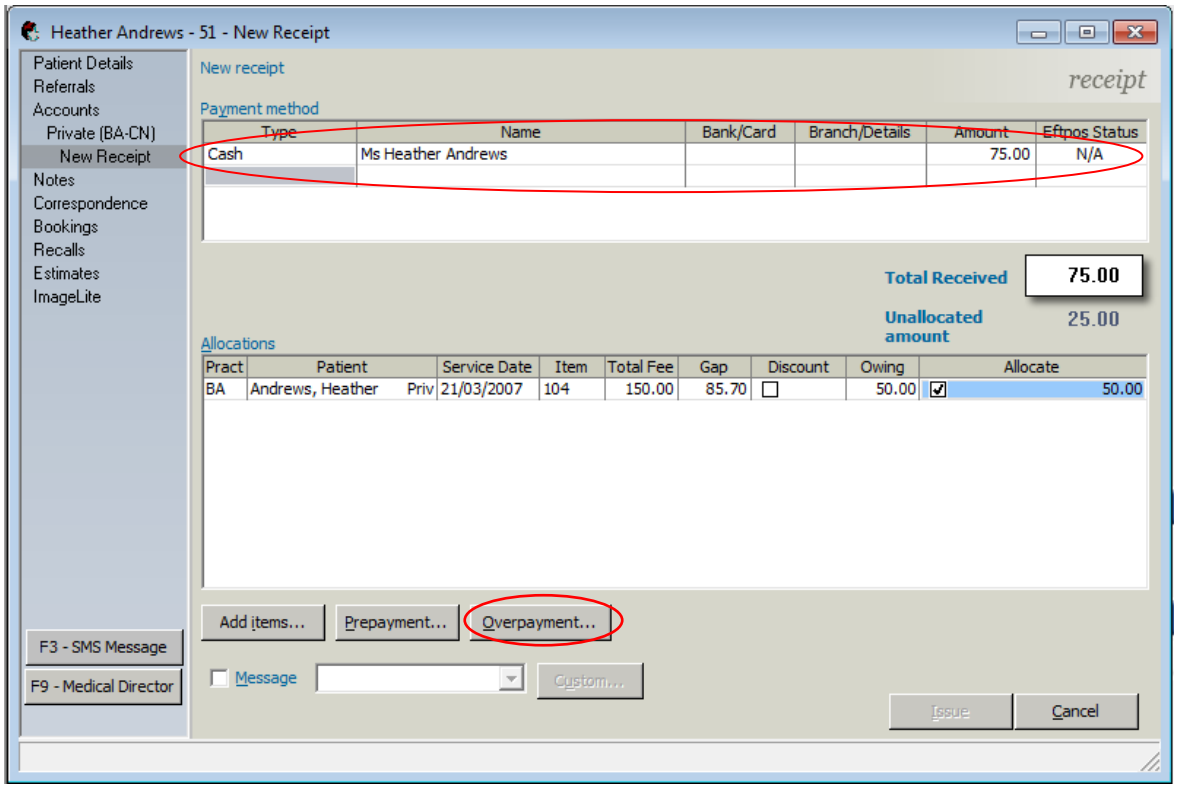
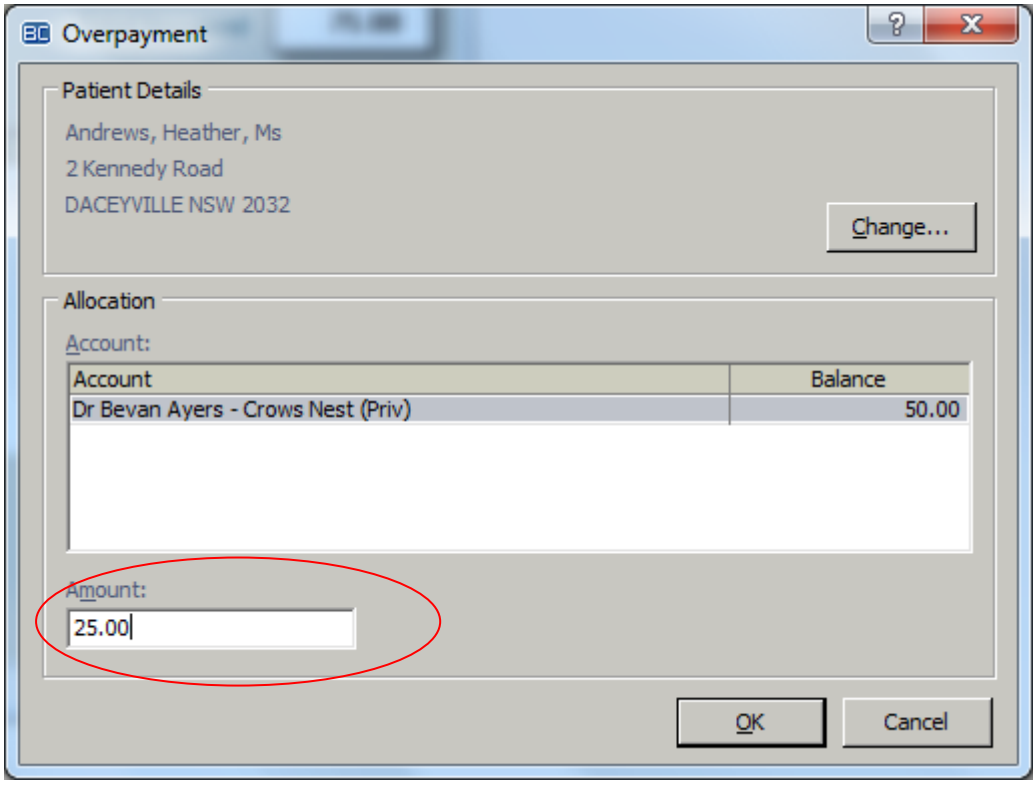


4. Click on the Overpayment button
5. Enter the amount over paid. This amount will be the Unallocated amount under the Total Received (see screen capture above)



6. Click OK

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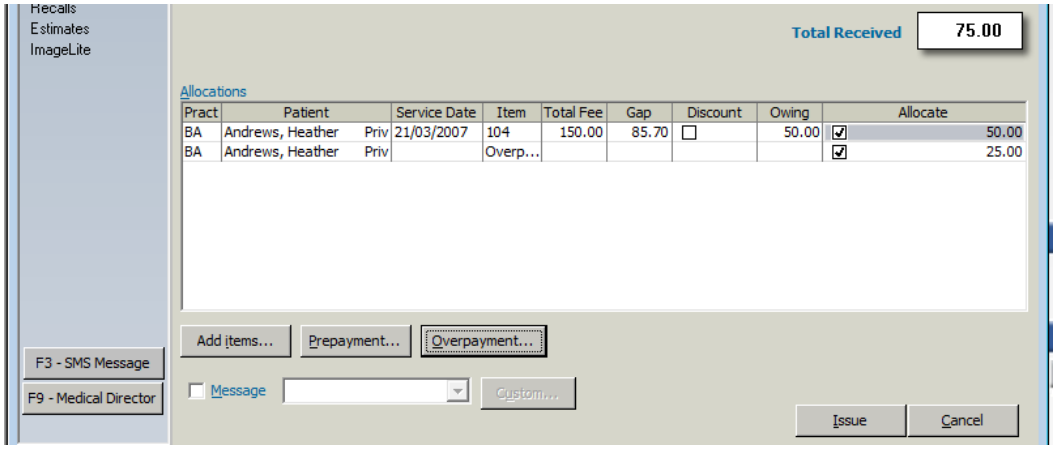
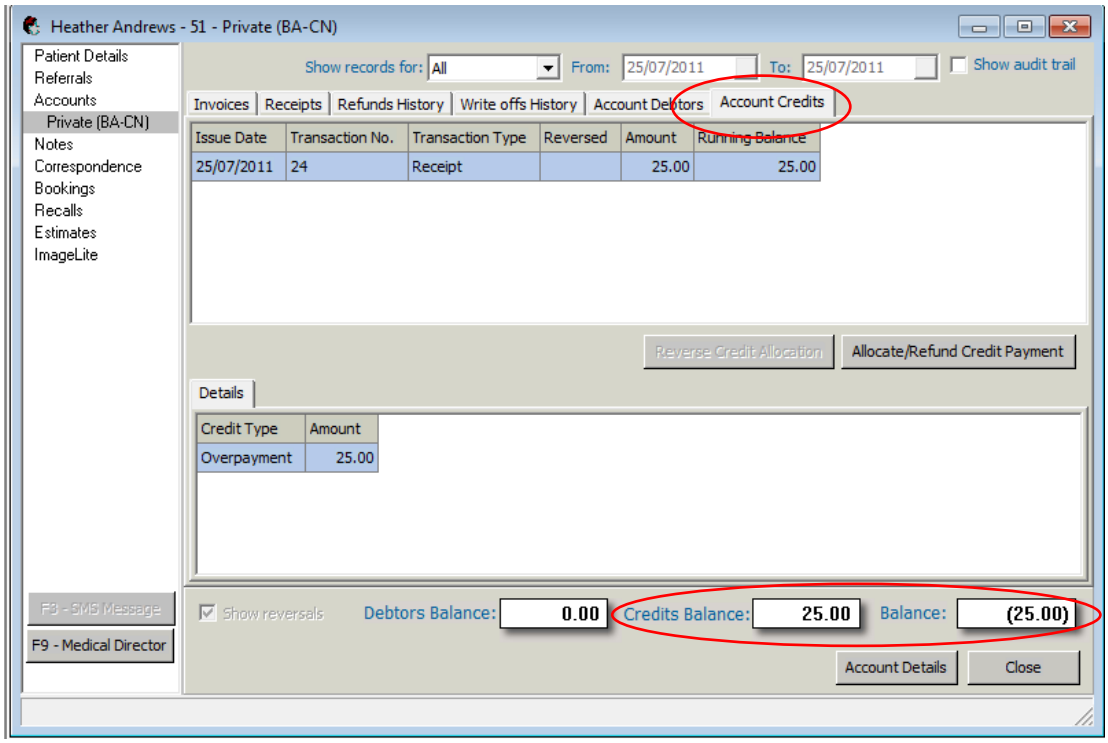


The allocations section (lower screen, see above) records the extra amount as an overpayment, allowing the receipt to be issued

7. Click Issue and issue the receipt as per normal practice

The Account Credits screen will show (see below) the patient is in credit for the amount of the overpayment. The printed receipt will also show this



In the event that the rebate has increased, the invoice can be adjusted so that the items reflect the new fee value and the overpayment applied to the account.

Alternatively

A sundry invoice can be created for the amount overpaid and have the amount applied to the sundry invoice.

N.B. An overpayment cannot be written off.

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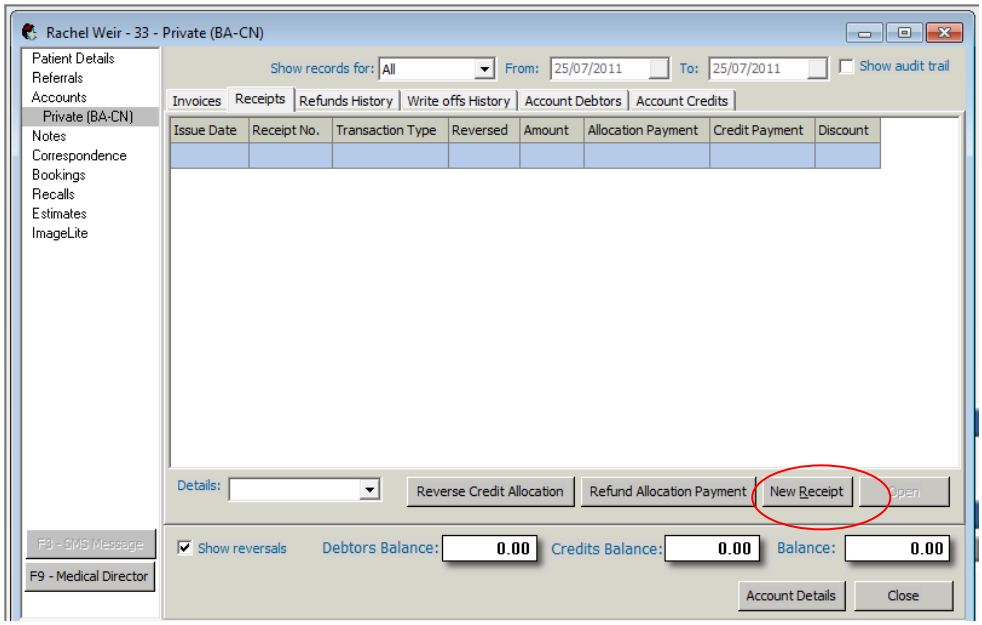
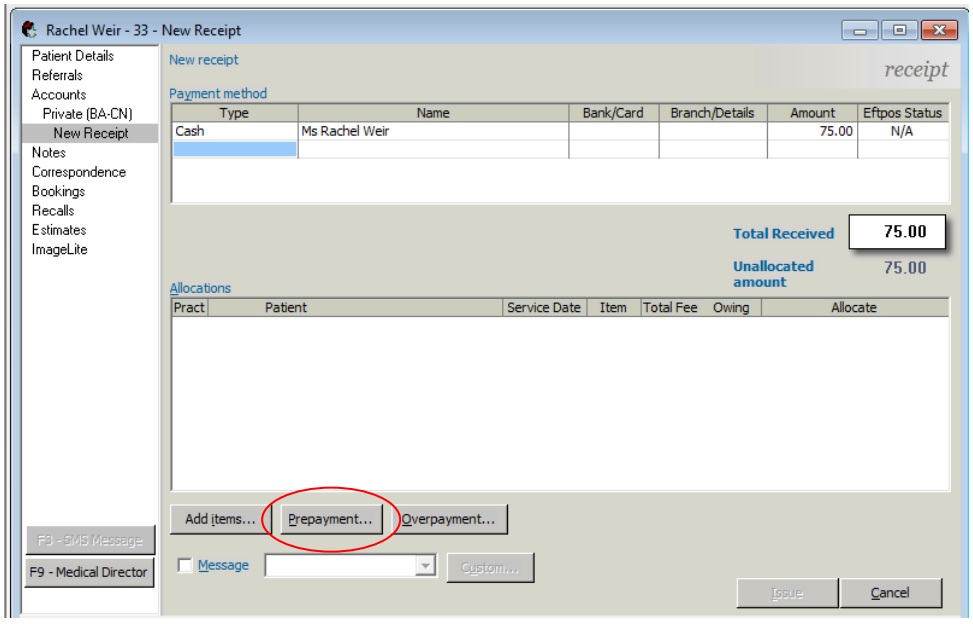
Prepayments

A prepayment is defined as the ability to receipt money without issuing an invoice outstanding. The most common scenario is a patient is paying for surgery that will happen on a future date. A Prepayment may be a lump sum or a summary of several prepayments (Obstetrics often uses this option).

1. Create a new receipt



2. Click Prepayment



3. Enter the Prepayment amount

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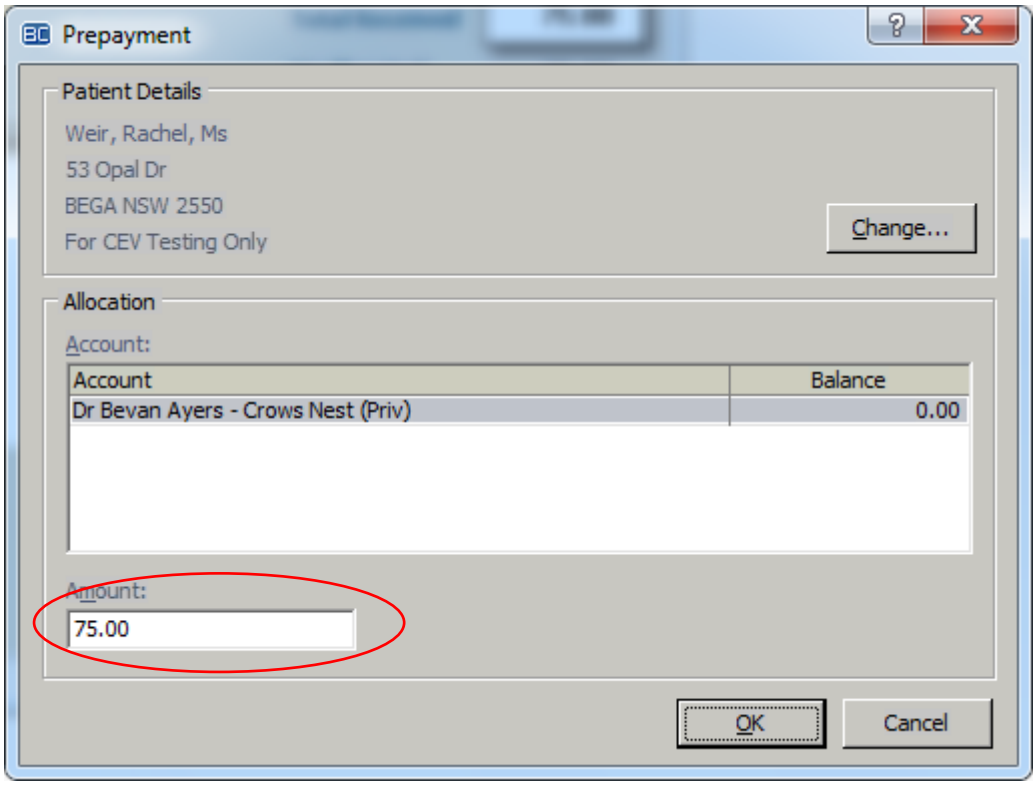
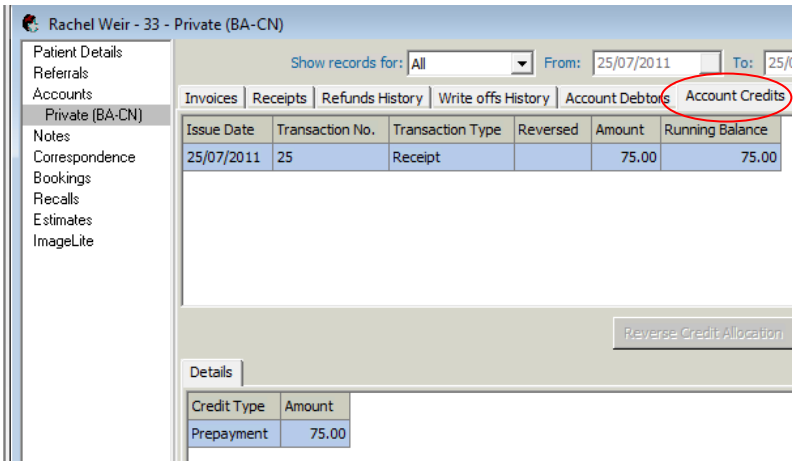


4. Click OK
5. Issue the receipt (as normal)

Note this receipt type does not contain the referral details and makes no mention of the medical item involved. This receipt is not claimable from Medicare.

Using a Prepayment

1. Create a new invoice
2. Click Issue
3. Click OK



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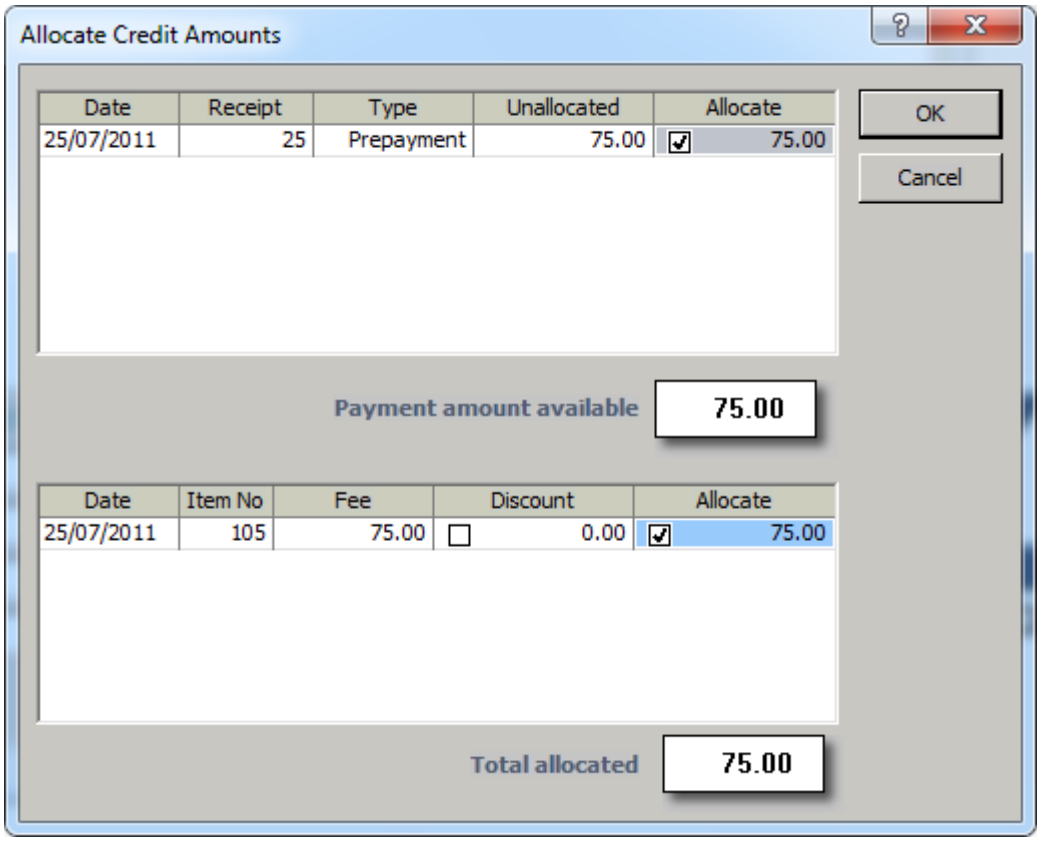
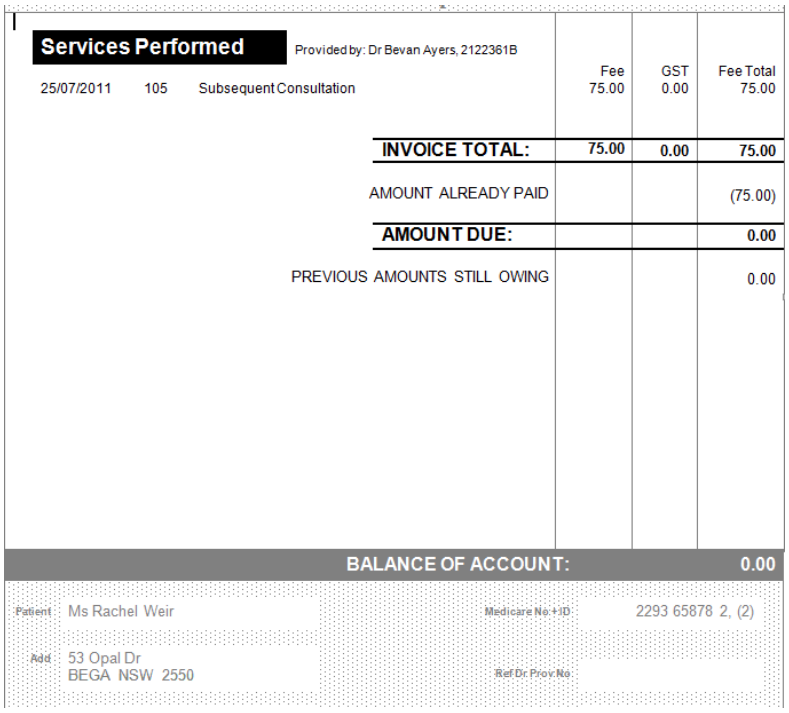


4. Allocate the prepayment amount (top) to the invoice amount (bottom)
5. Click OK
6. Print the invoice as normal. The invoice will reflect the prepayment having been used to pay the invoice.



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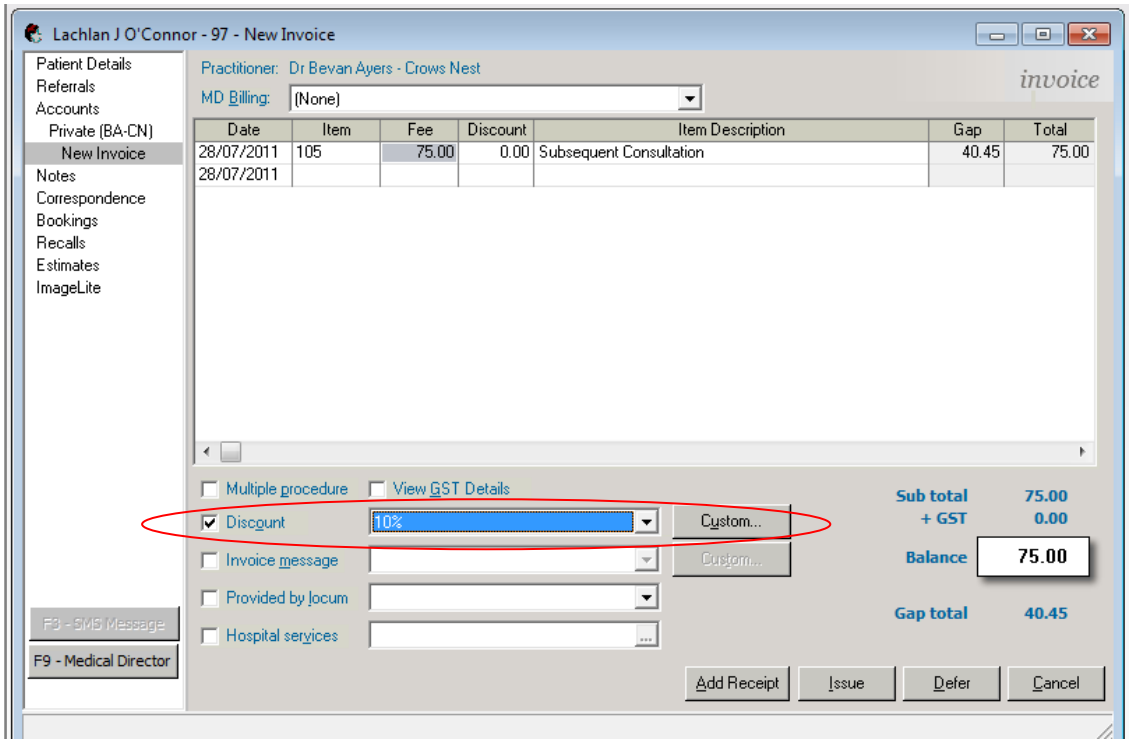
Discounts

Discounts can be offered as a message on the patient invoice but only applied during receipting. For example, if a discount was granted for payment within 7 days; payment on the 8th day would be for the non discounted amount and the invoice/receipt and patient account should reflect this. Discounts can also be applied outside of any set discount period at the discretion of the practice.

Assuming Blue Chip has been configured to accommodate discounting (call Blue Chip support on 1300 300 161 option 2 to enable the functionality if you wish to offer it); prepare an invoice as discussed earlier

1. Click the Discount checkbox



2. Issue the invoice

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DR BEVAN AYERS
MB BS, FRCS, FRACS
Provider Number: 2122371A
ABN: 32299510839

All correspondence to:
40 Oxley Street
CROWS NEST 2065

Telephone: 9906 6633
Facsimile: 9906 8910

Mr Lachlan J O'Connor
11 Chapman Close
AUSTRALIND WA 6233

Date: 28/07/2011

Invoice No: 64

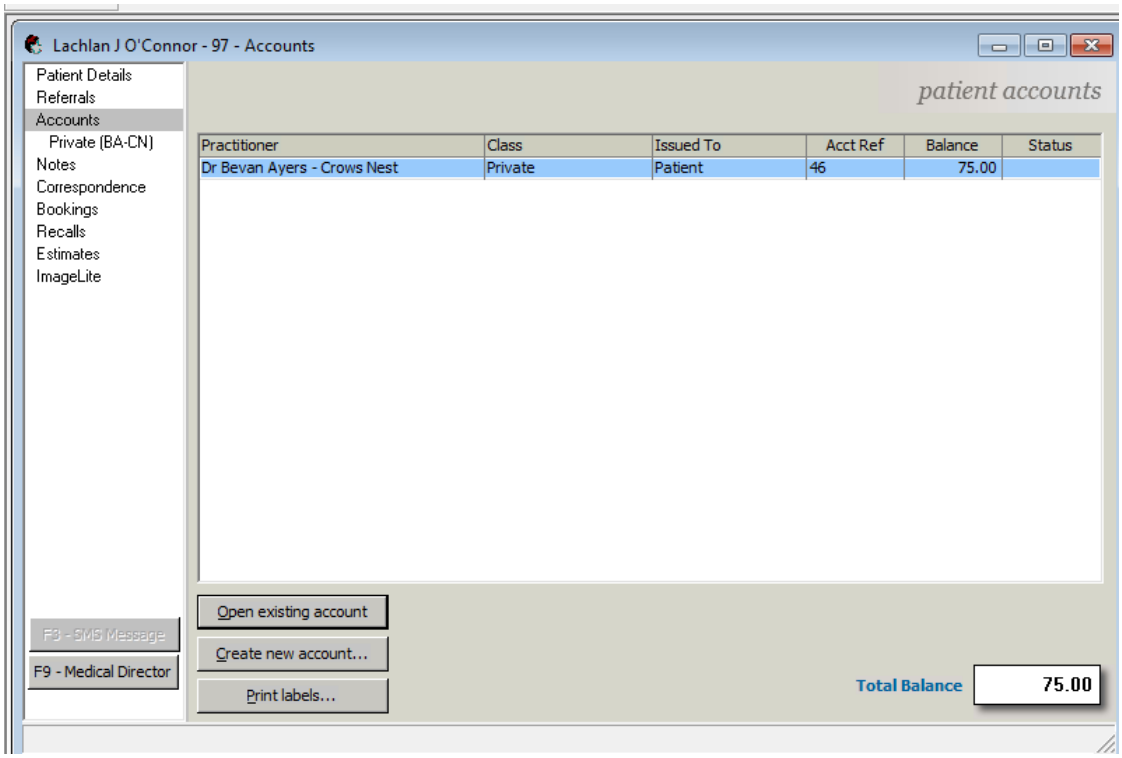
TAX INVOICE

Services Performed	Provided by: Dr Bevan Ayers, 2122361B	Fee	GST	Fee Total
28/07/2011	105 Subsequent Consultation	75.00	0.00	75.00

A discount of 10% will be granted if the discounted total ($75.00) is received by 4/08/2011.

INVOICE TOTAL:	75.00	0.00	75.00

3. When the patient returns to pay, open up their account



4. Click the Receipts tab
5. Click New Receipt

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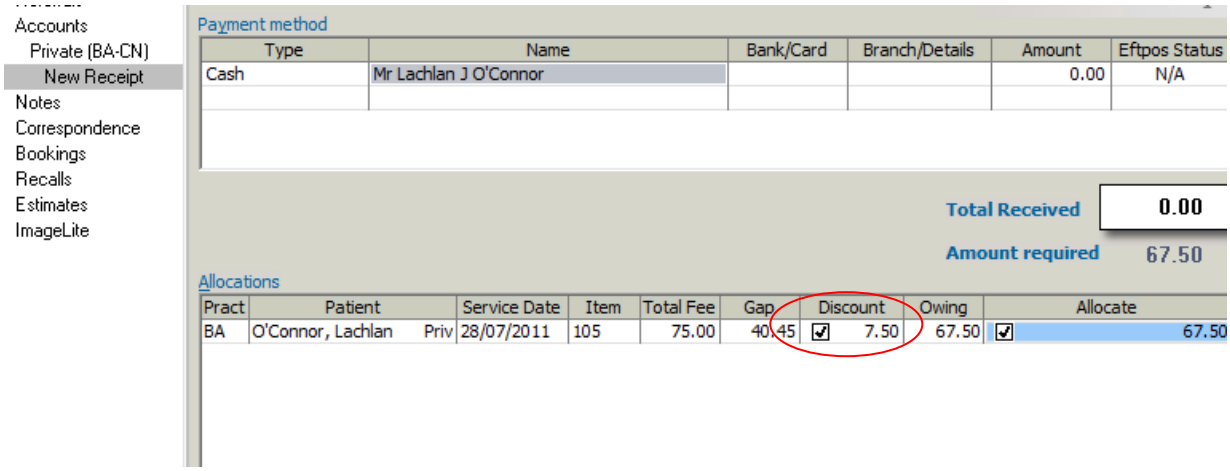

6. Enter receipt details as normal. In the Allocations portion of the screen, locate discounts.
7. In discounts, enter in the cash amount to discount or a percentage with the percentage symbol and press [tab] or [enter]. The discount will be deducted as shown.
8. Process the receipt as per normal.

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Adjustments

There are many situations where an adjustment is required for either an invoice or receipt being issued from within Blue Chip.

Not all users may be authorised to reverse transactions or to do refunds. Please check with the Practice Manager.

The most important question to ask when adjusting/reversing a receipt is

"Has the banking being settled?"

If the adjusted receipt occurs on the same day as the original transaction, **before banking has been settled**, then the receipt can be reversed. This way the banking reflects the correct monies taken.

If the banking has been previously settled then adjustments become complicated as only those will sufficient permissions are able perform these due to monthly close off functionality, backdating and refunds. These actions will typically involve the Practitioner or Practice Manager to affect them as they will affect reporting accuracy.

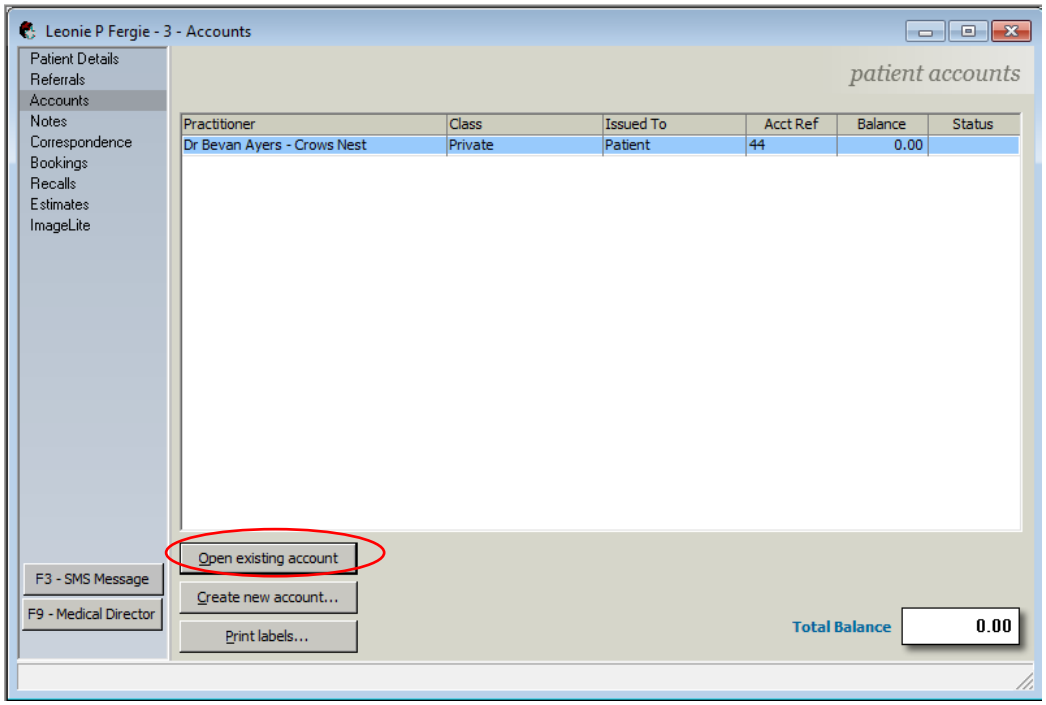
Adjusting a Receipt

For Practices that don't use Integrate EFPTPOS, a situation may arise when they generate a receipt from within Blue Chip prior to the EFTPOS transaction being approved. In this scenario the patient may have gone to pay by EFTPOS and had the card declined and has now to pay by cash.

*This is for the Adjustment of Blue Chip only: It does not provide instruction for reversing an EFTPOS transaction on an EFTPOS machine (including Tyro)**.***

The following scenario deals with adjusting a receipt, in particular the Payment Type. The procedure is being documented, not instructing how to adjust particular payment types.

1. Open the existing account



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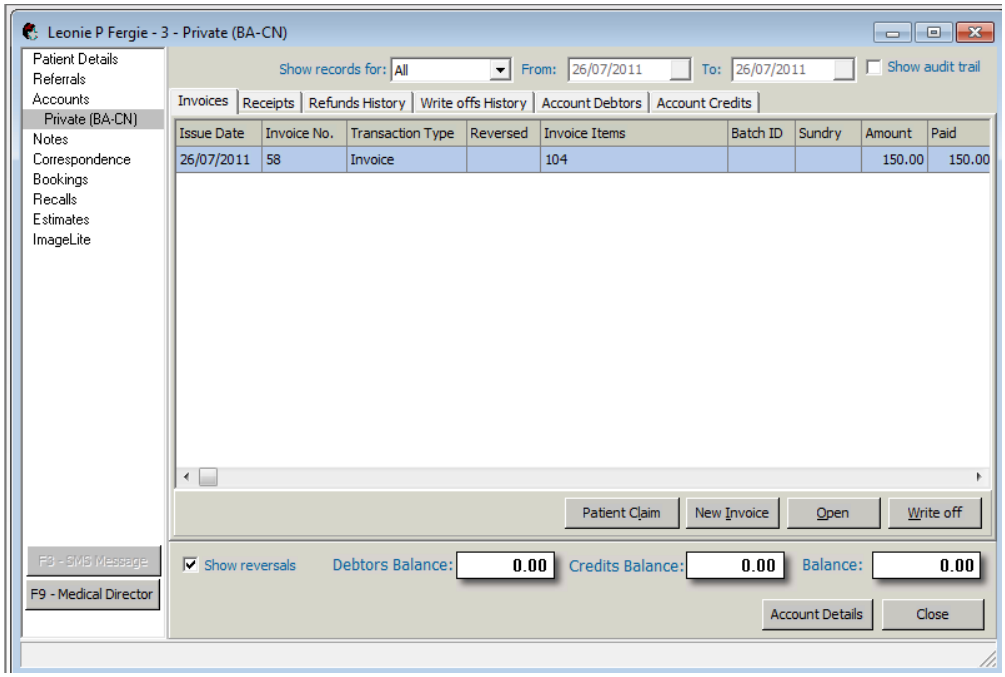
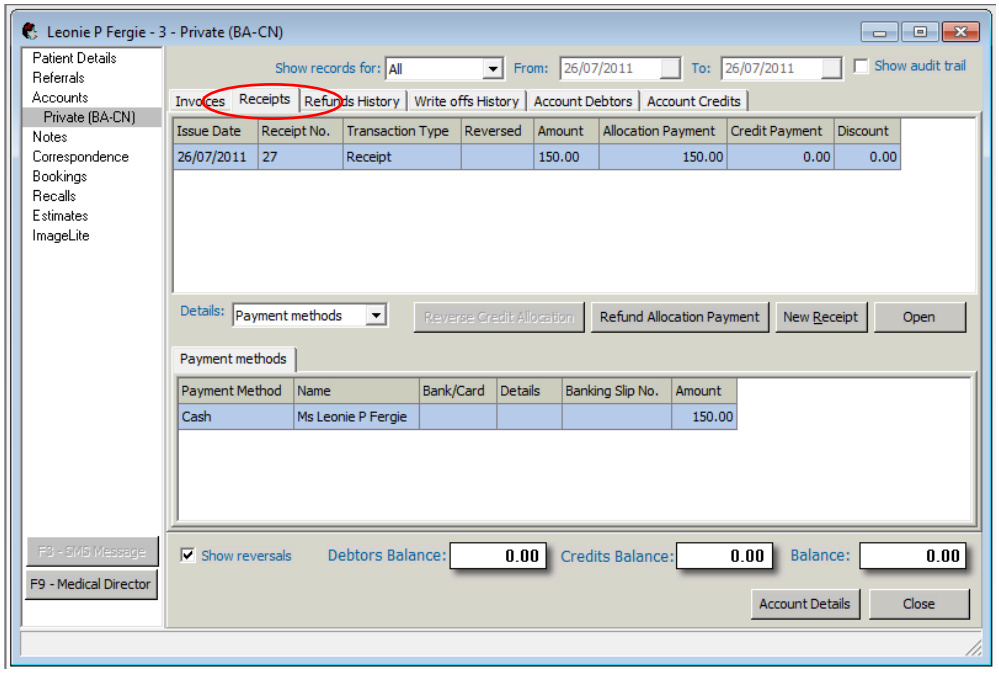


2. Switch to the Receipts panel



3. Select the receipt in question
4. Click Open

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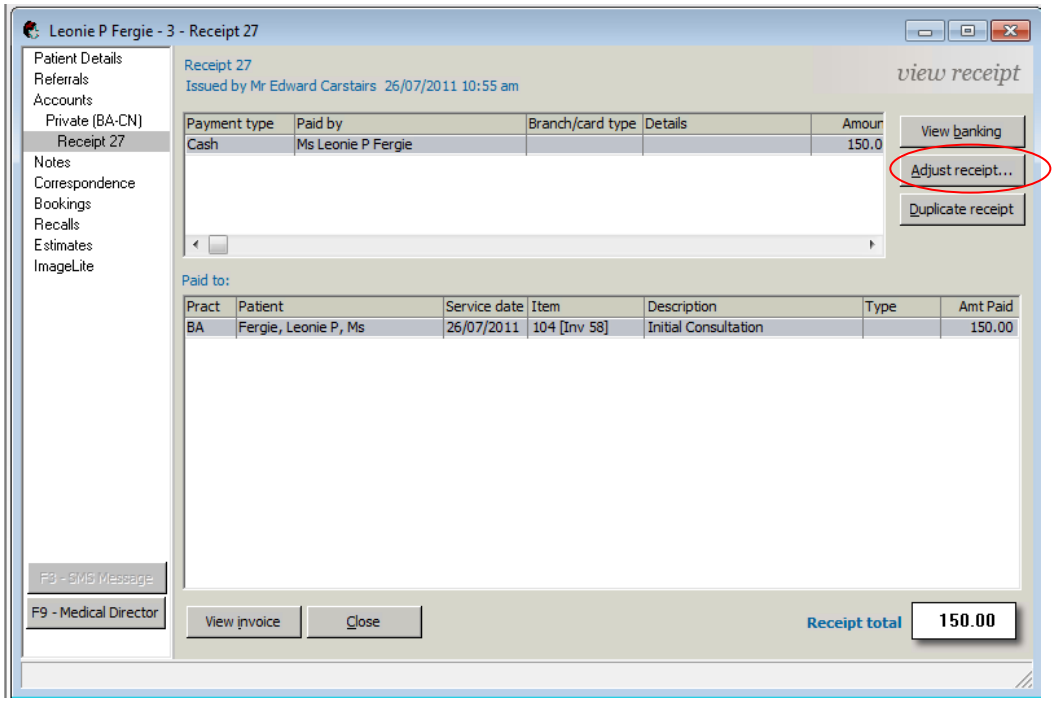
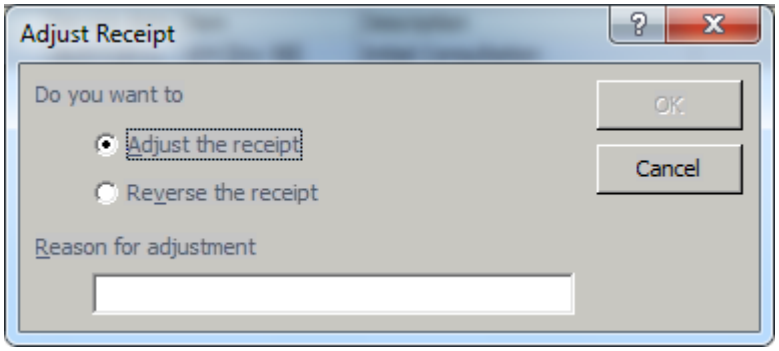
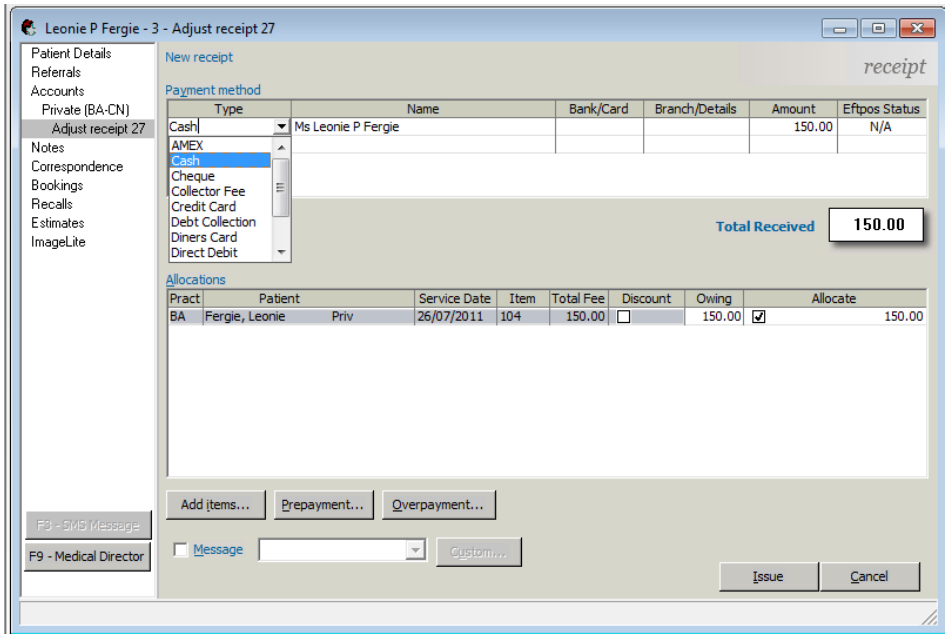


5. Click Adjust receipt



6. Type a reason then click OK



7. Amend the payment type as required and Issue as per normal

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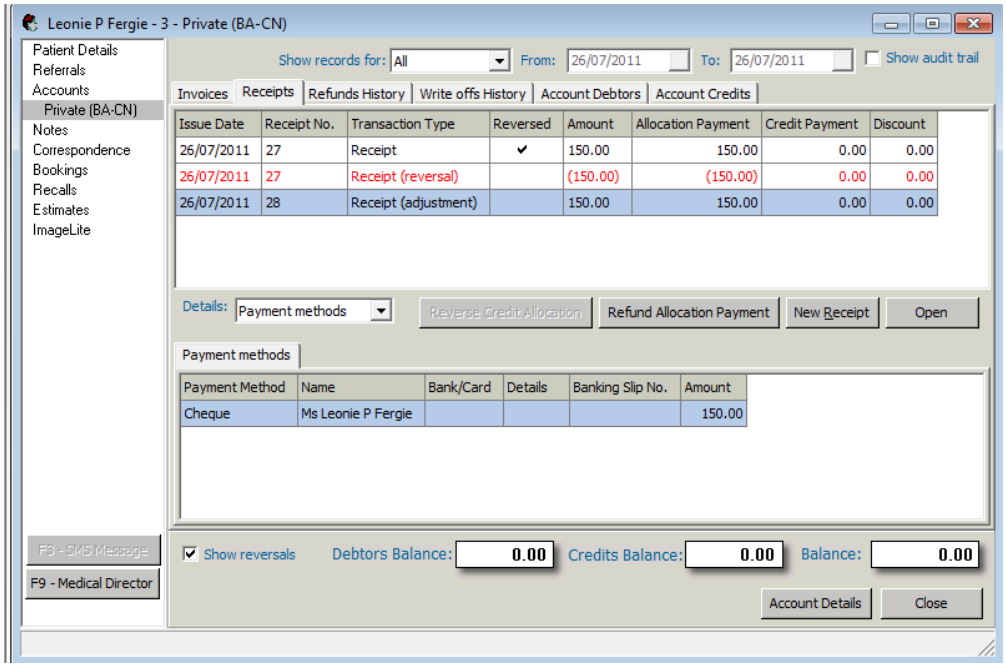

Leonie P Fergie - 3 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 26/07/2011
To: 26/07/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Issue Date | Receipt No. | Transaction Type | Reversed | Amount | Allocation Payment | Credit Payment | Discount
26/07/2011 | 27 | Receipt | ✔ | 150.00 | 150.00 | 0.00 | 0.00
26/07/2011 | 27 | Receipt (reversal) | | (150.00) | (150.00) | 0.00 | 0.00
26/07/2011 | 28 | Receipt (adjustment) | | 150.00 | 150.00 | 0.00 | 0.00
Details: Payment methods
Reverse Credit Allocation
Refund Allocation Payment
New Receipt
Open
Payment methods
Payment Method | Name | Bank/Card | Details | Banking Slip No. | Amount
Cheque | Ms Leonie P Fergie | | | | 150.00
F3 - SMS Message
F9 - Medical Director
Show reversals
Debtors Balance: 0.00
Credits Balance: 0.00
Balance: 0.00
Account Details
Close

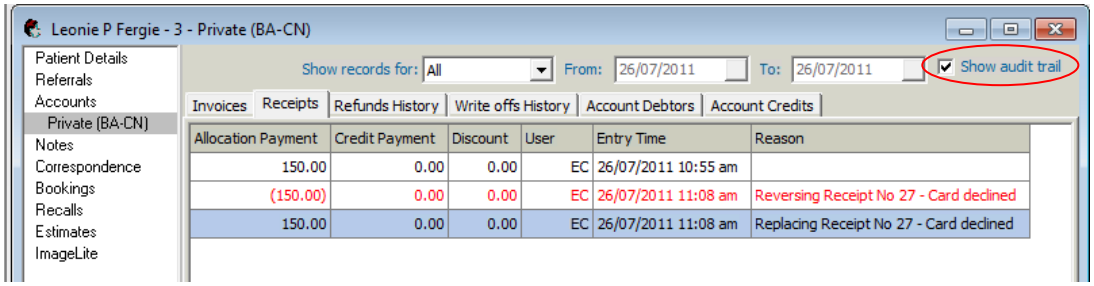
The receipt shows the adjustment.

Line 1 shows the receipt is flagged as having been reversed.

Line 2 shows the reversal shown in red beneath the flagged entry

Line 3 shows the receipt having been adjusted. The payment method (see above) now reflects the change (cheque) as opposed to the original payment method (see screen capture in step 2).

The Show Audit Trail check box can be enabled to provide detail as to who adjusted the receipt, when it was adjusted and the reason for adjusting the receipt.


Leonie P Fergie - 3 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 26/07/2011
To: 26/07/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Allocation Payment | Credit Payment | Discount | User | Entry Time | Reason
150.00 | 0.00 | 0.00 | EC | 26/07/2011 10:55 am |
(150.00) | 0.00 | 0.00 | EC | 26/07/2011 11:08 am | Reversing Receipt No 27 - Card declined
150.00 | 0.00 | 0.00 | EC | 26/07/2011 11:08 am | Replacing Receipt No 27 - Card declined

Adjusting a Paid Invoice / Receipt

Scenario – A patient has been invoiced for an initial consultation which should have been a follow up (which is a lesser amount); the patient has paid the invoice and **banking has not been settled** for the day.

The workflow is as follows: The invoice is adjusted to reflect the intended service item. The receipt is adjusted to match the invoice's adjusted amount. The difference is repaid to the patient.

The above workflow should be used if the patient is still present. It does not describe how to alter EFTPOS transactions on an EFTPOS terminal (including a Tyro terminal), it is only to ensure Blue Chip correctly reflects the accuracy of the account.

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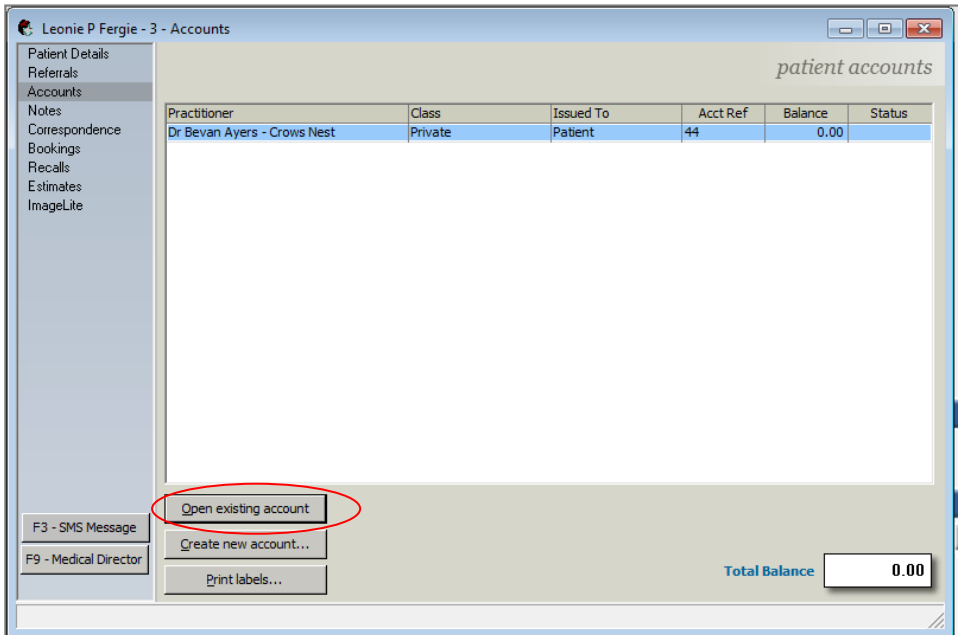
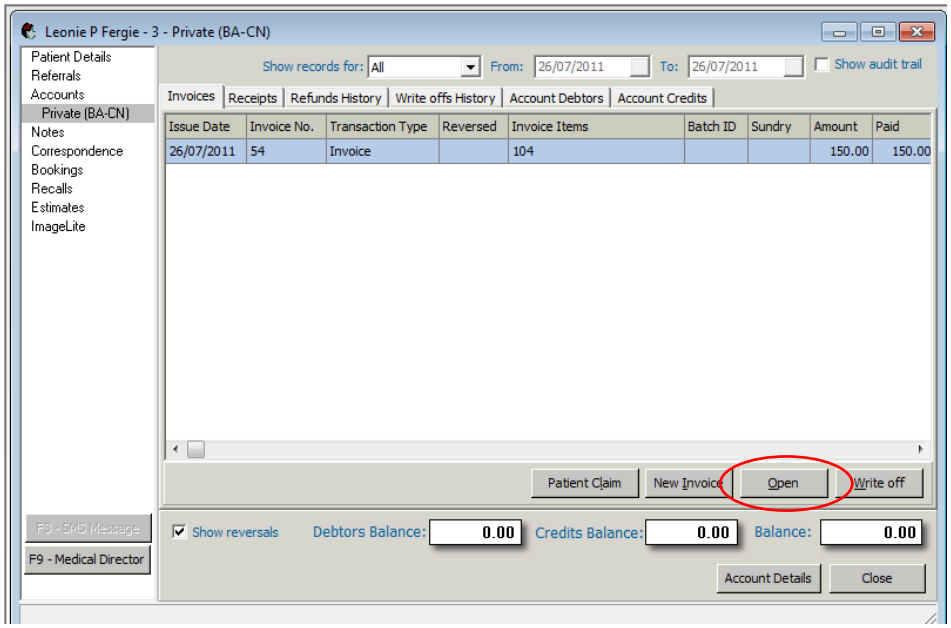
If the patient has left the surgery, prudent practice would be to perform a refund after banking has been finalised.

1. From the Patient Details screen, Select Accounts from the left margin menu



2. Click the Open Existing Account button



3. Click the Open button to open the invoice to be changed.

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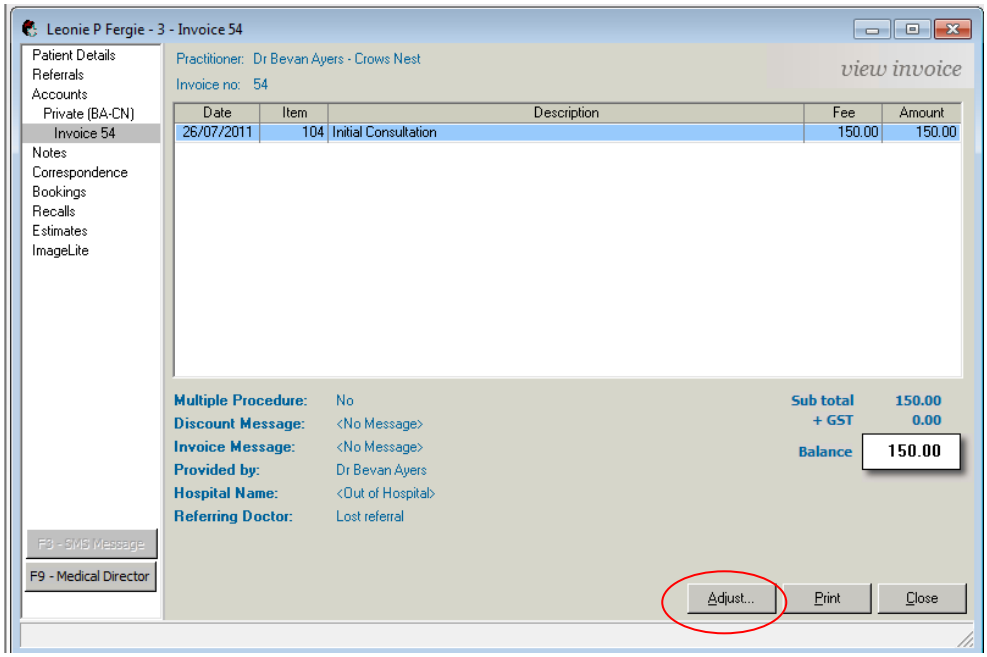
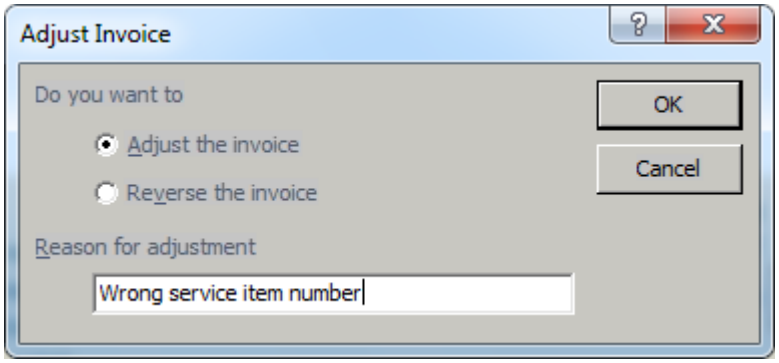
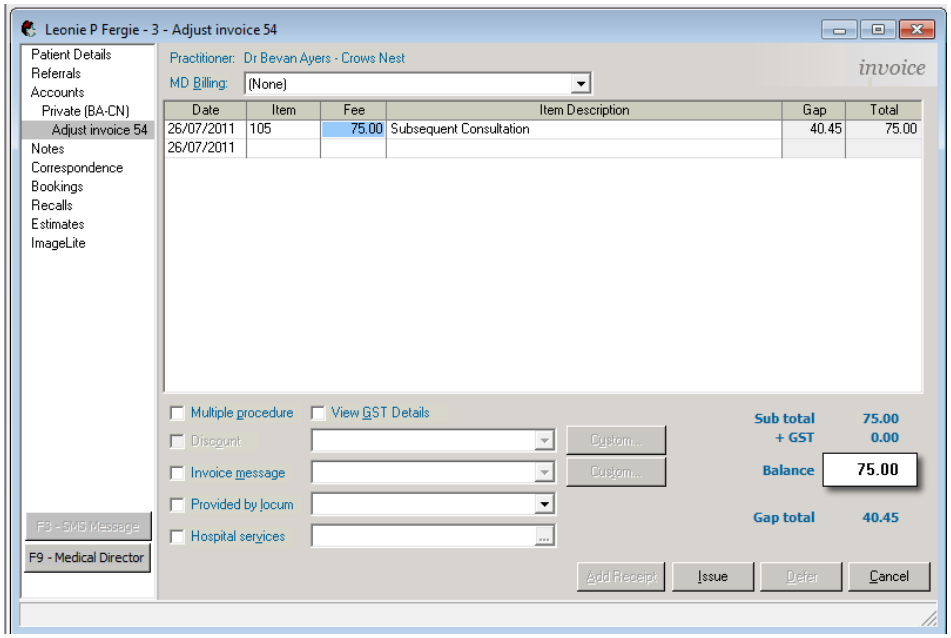


4. Click the Adjust button



5. Type a reason for Adjusting the invoice ‘Wrong item number etc’ and Click OK



6. Enter the new item numbers (in this case) or alternatively if it related to a different fee or date etc

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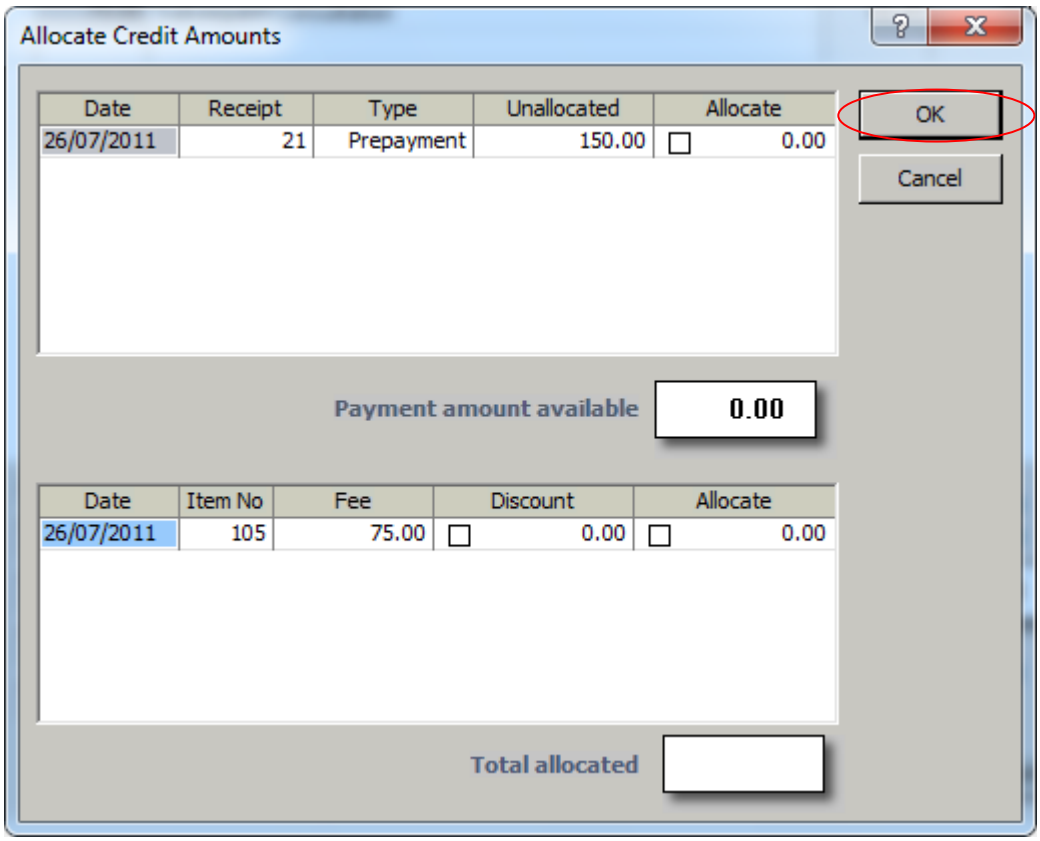
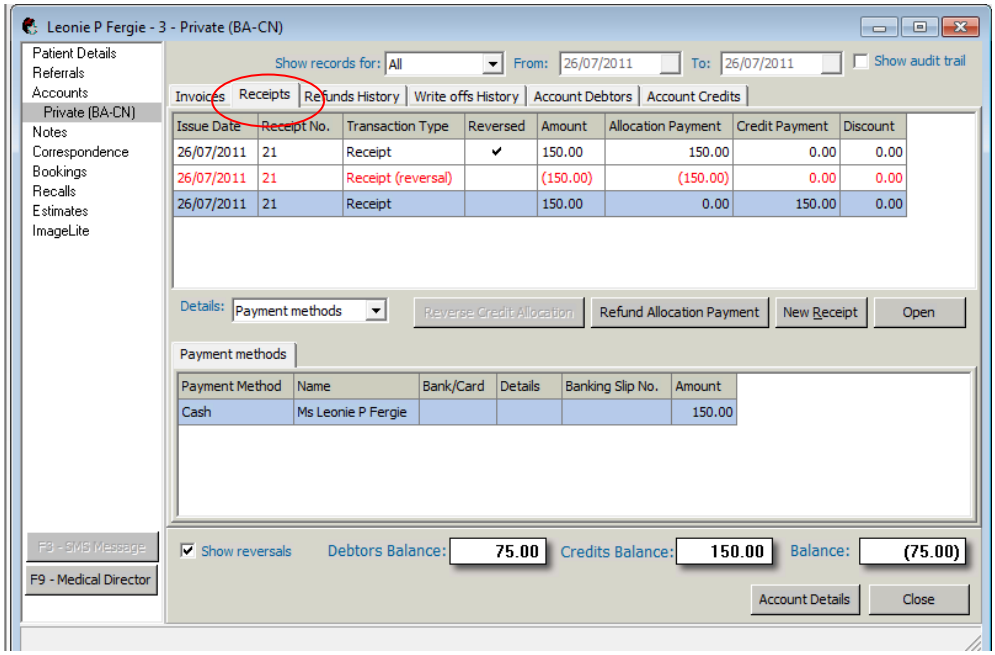
7. Click the Issue button
8. Click the OK to confirm the Date of Issue



9. At the Allocate Credit Amount screen, Click OK
10. Issue the Invoice
11. Click the Receipts tab



12. Select the receipt to adjust and click Open

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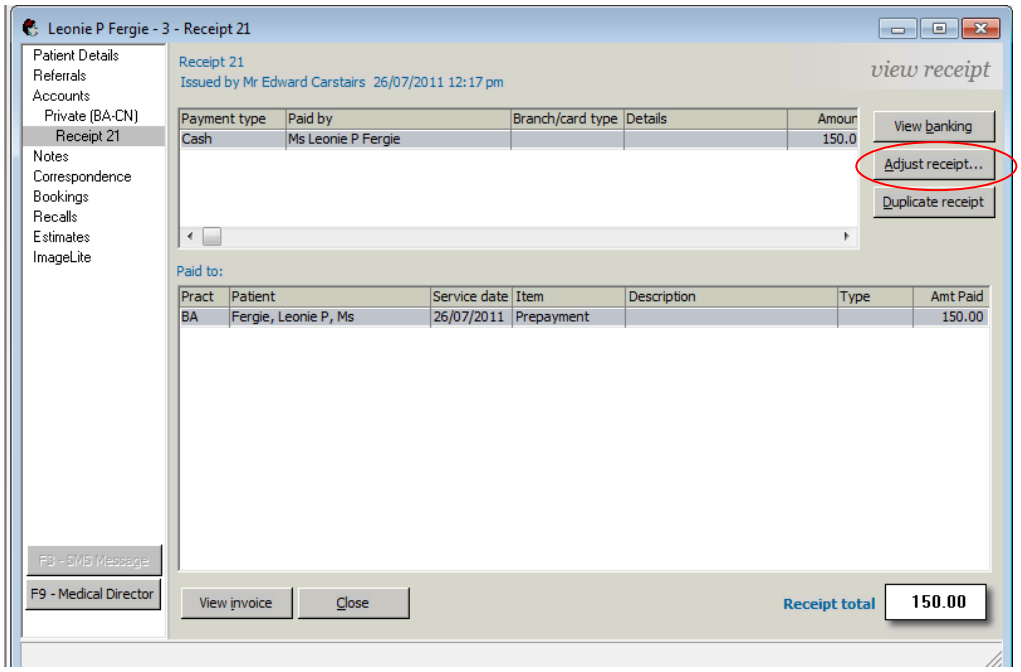
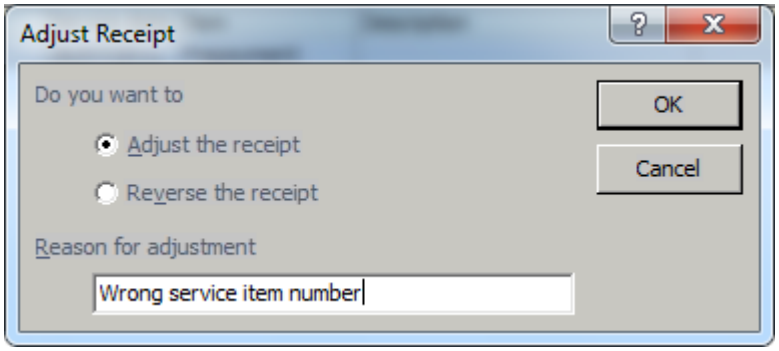


13. Click Adjust receipt



14. Click OK
15. Adjust the receipted amount to match the corresponding invoice (allocations section of the receipts screen).
16. Deselect the Overpayment section of the receipt and allocate the payment to the corresponding invoice
17. Click Issue
18. Click OK
19. Print the receipt as normal.
20. Repay the patient the difference

Now the patient's Blue Chip account reflects the change in service (and associated charges) and the banking accurately reflects the repayment. See below how all the relevant tabs reflect this workflow:

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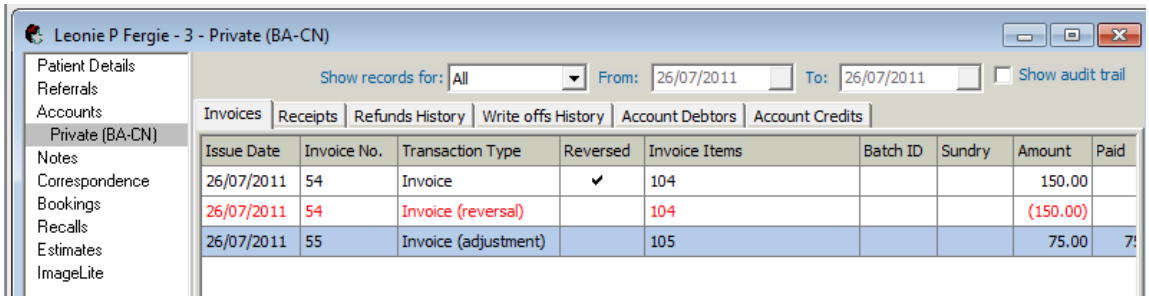
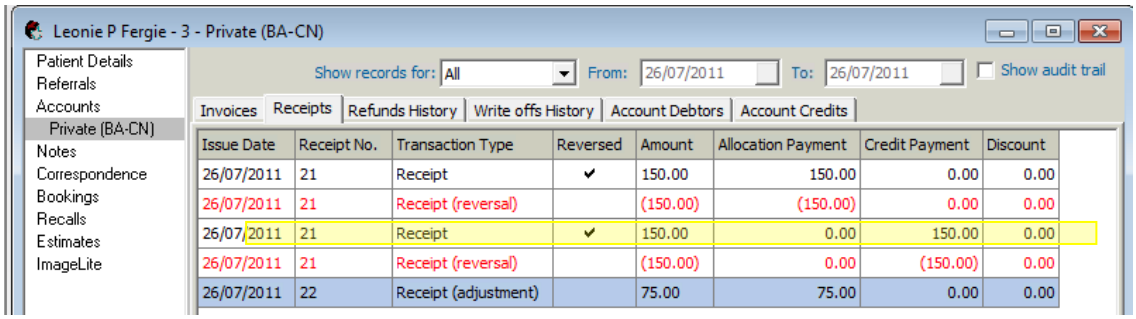

Leonie P Fergie - 3 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 26/07/2011
To: 26/07/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Issue Date | Invoice No. | Transaction Type | Reversed | Invoice Items | Batch ID | Sundry | Amount | Paid
26/07/2011 | 54 | Invoice | ✔ | 104 | | | 150.00 |
26/07/2011 | 54 | Invoice (reversal) | | 104 | | | (150.00) |
26/07/2011 | 55 | Invoice (adjustment) | | 105 | | | 75.00 | 7

The Invoice tab shows:

Line 1 the original invoice being flagged for reversal

Line 2 the invoice being reversed

Line 3 the new adjusted invoice.


Leonie P Fergie - 3 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 26/07/2011
To: 26/07/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Issue Date | Receipt No. | Transaction Type | Reversed | Amount | Allocation Payment | Credit Payment | Discount
26/07/2011 | 21 | Receipt | ✔ | 150.00 | 150.00 | 0.00 | 0.00
26/07/2011 | 21 | Receipt (reversal) | | (150.00) | (150.00) | 0.00 | 0.00
26/07/2011 | 21 | Receipt | ✔ | 150.00 | 0.00 | 150.00 | 0.00
26/07/2011 | 21 | Receipt (reversal) | | (150.00) | 0.00 | (150.00) | 0.00
26/07/2011 | 22 | Receipt (adjustment) | | 75.00 | 75.00 | 0.00 | 0.00

Receipts tab shows:

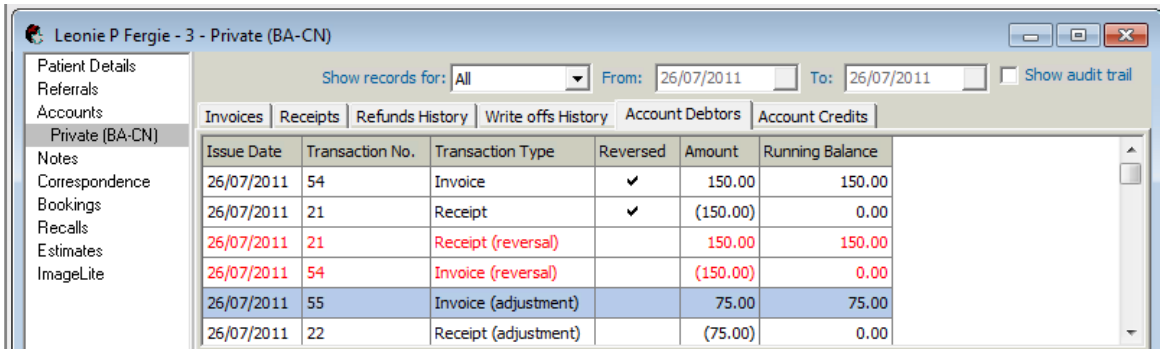
Line 1 the original payment for the original invoice flagged for reversal

Line 2 the original payment allocation being reversed,

Line 3 the now unallocated payment now being held as a credit payment.

Line 4 shows the credit payment being reversed

Line 5 shows the new adjusted invoice being paid from some of the credit payment. The balance is returned to the patient.


Leonie P Fergie - 3 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 26/07/2011
To: 26/07/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Issue Date | Transaction No. | Transaction Type | Reversed | Amount | Running Balance
26/07/2011 | 54 | Invoice | ✔ | 150.00 | 150.00
26/07/2011 | 21 | Receipt | ✔ | (150.00) | 0.00
26/07/2011 | 21 | Receipt (reversal) | | 150.00 | 150.00
26/07/2011 | 54 | Invoice (reversal) | | (150.00) | 0.00
26/07/2011 | 55 | Invoice (adjustment) | | 75.00 | 75.00
26/07/2011 | 22 | Receipt (adjustment) | | (75.00) | 0.00

The Account Debtors tab shows

Lines 1 & 2 the original invoice and corresponding receipt being flagged for reversal

Lines 3 & 4 the actual reversal of the invoice and receipt (in red).

Line 5 the newly created adjusted invoice

Line 6 the newly adjusted invoice being paid for with the new adjusted receipt.

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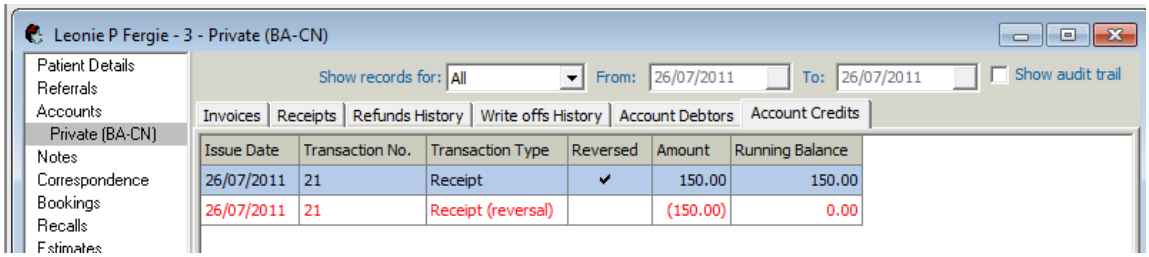


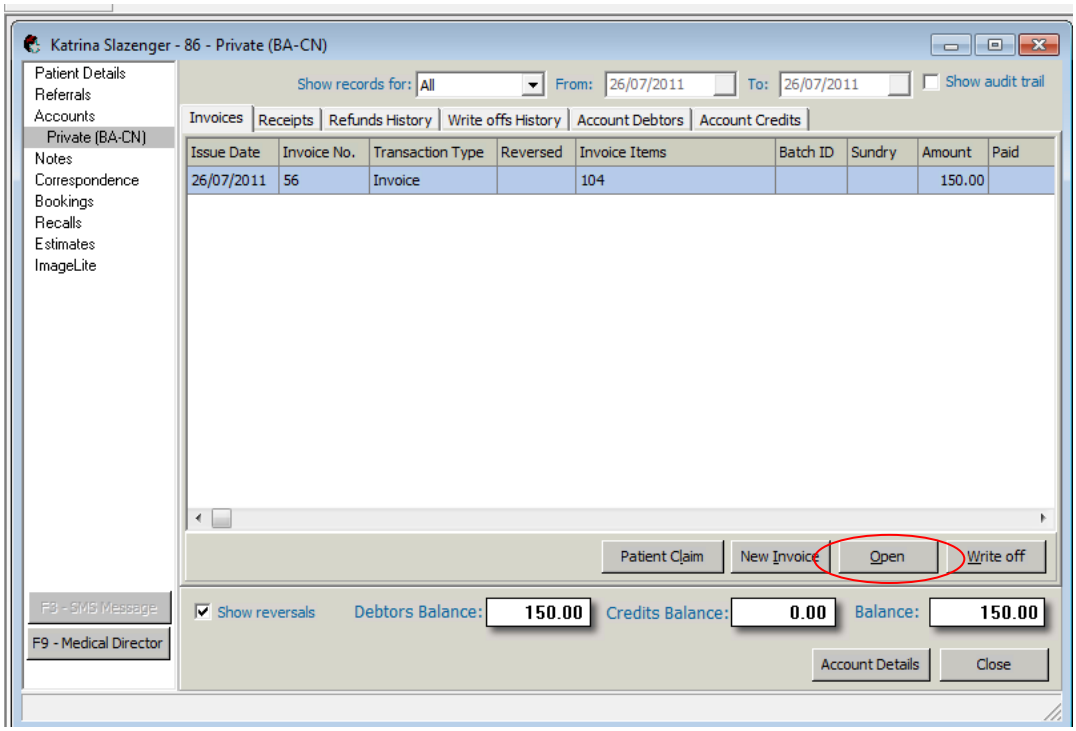
The Account Credits tab shows the original receipt being reversed, placing the said amount into credit. When the credit payment is used to pay the adjusted invoice and the difference repaid to the patient, it is displayed as a reversal of the credit payment.

Adjusting a standalone Invoice

Compared to the Paid Invoice/Receipt, adjusting a standalone invoice is rather straightforward. As no money has been paid, the timing (before or after banking has been finalised) is not so important. Timing does become important when an adjustment needs to be performed after a month has been closed off. In this instance, the practice manager or someone with similar permissions may need to reopen the month in order to effect the adjustment.

In the following scenario, an item has been omitted from the invoice. It requires an adjustment in order to incorporate the extra service item.

1. From the Patient Details screen, Select Accounts from the left margin menu and Select the Open Existing Account button as illustrated for Invoice/Receipt adjustments



2. From the Invoice tab, click the Open button to open the invoice to be changed.

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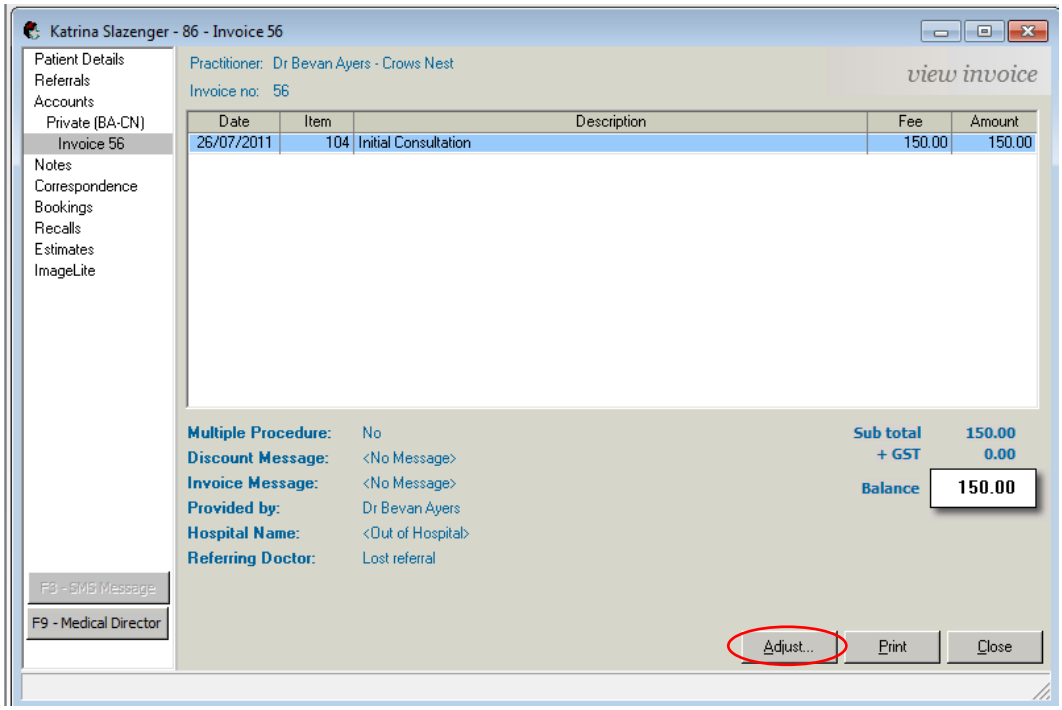
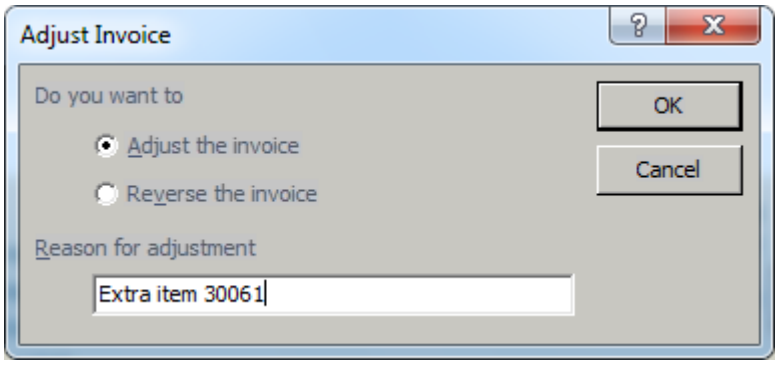
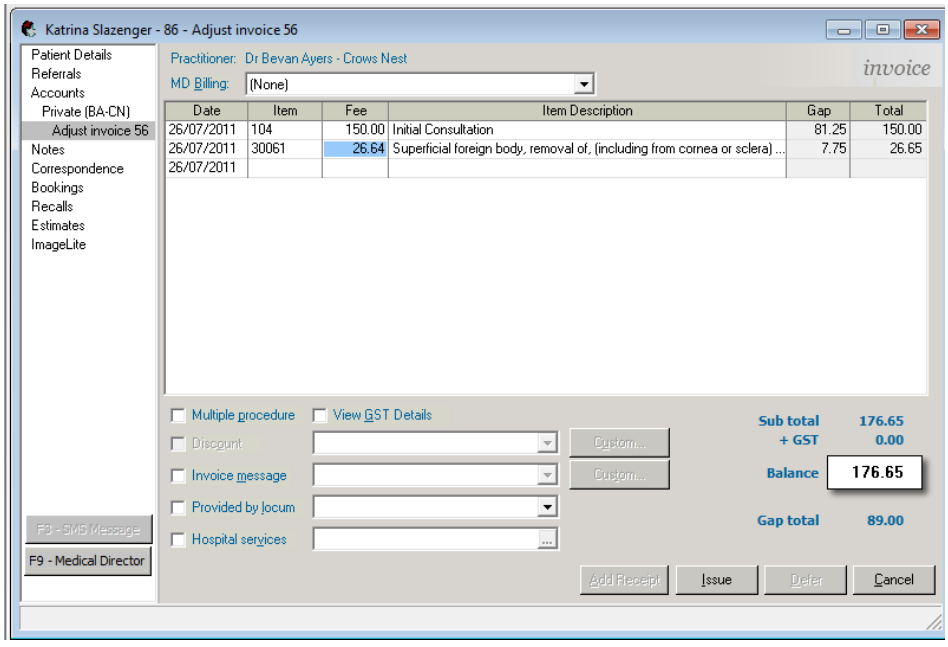


3. Click the Adjust button



4. Type a reason for the Adjustment (i.e. 'Wrong item number etc') and Click OK



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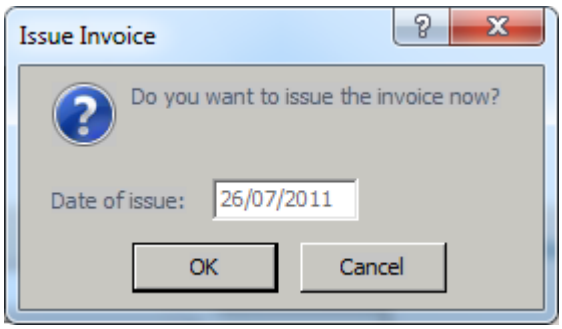
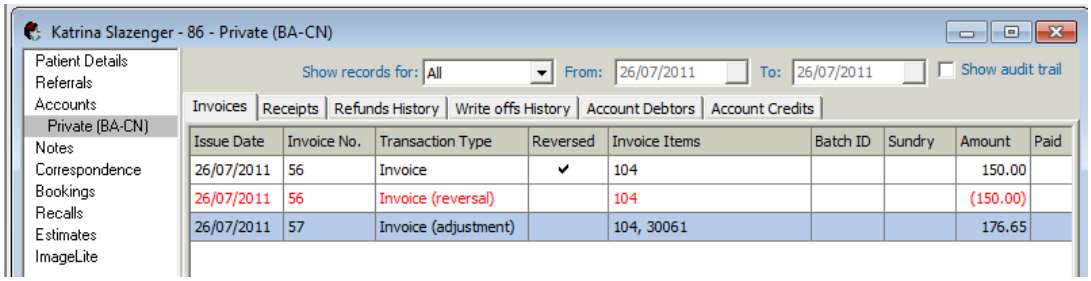
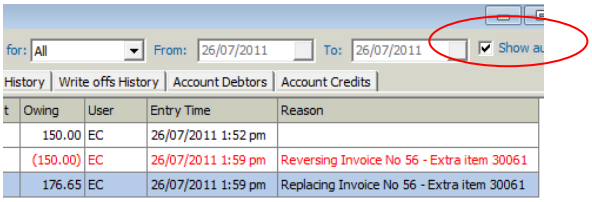
5. Enter the correct item number or fees (in this case) or dates etc
6. Click the Issue button.

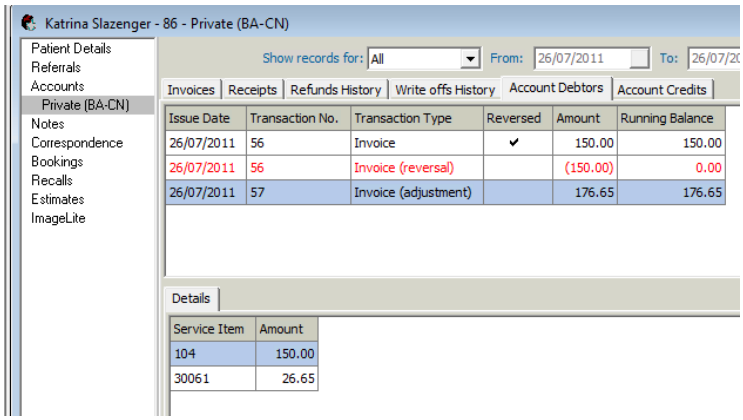


7. Click OK to confirm.
8. Print the adjusted Invoice




Owing
User
Entry Time
Reason
150.00 EC 26/07/2011 1:52 pm
(150.00) EC 26/07/2011 1:59 pm Reversing Invoice No 56 - Extra item 30061
176.65 EC 26/07/2011 1:59 pm Replacing Invoice No 56 - Extra item 30061

The Account Debtors tab (below) reflects the adjustment. In the details section, the invoice is itemised.



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Refunds & Write Offs

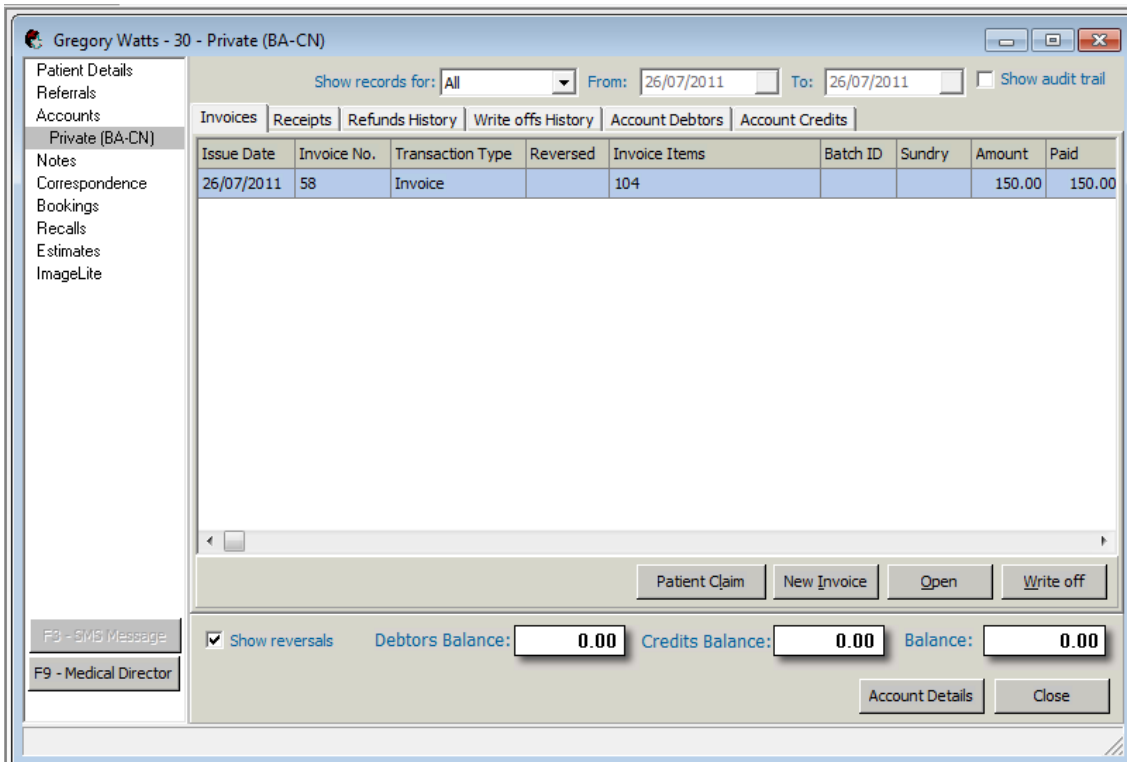
In lay terms, a refund is an adjustment to a receipt performed **after banking has been settled**.

The types of refunds that will be described in this section will be: Allocation Refund and a Credit Payment Refund.

An Allocation Refund scenario would be when a paid invoice/receipt is required to be adjusted to a lower amount after banking. This scenario is identical to the paid invoice/receipt adjustment described earlier. The essential difference is that in this case, **banking has been finalised.**

Allocation Refund

1. Open the patient's account and locate the paid invoice to be adjusted



2. Click Open

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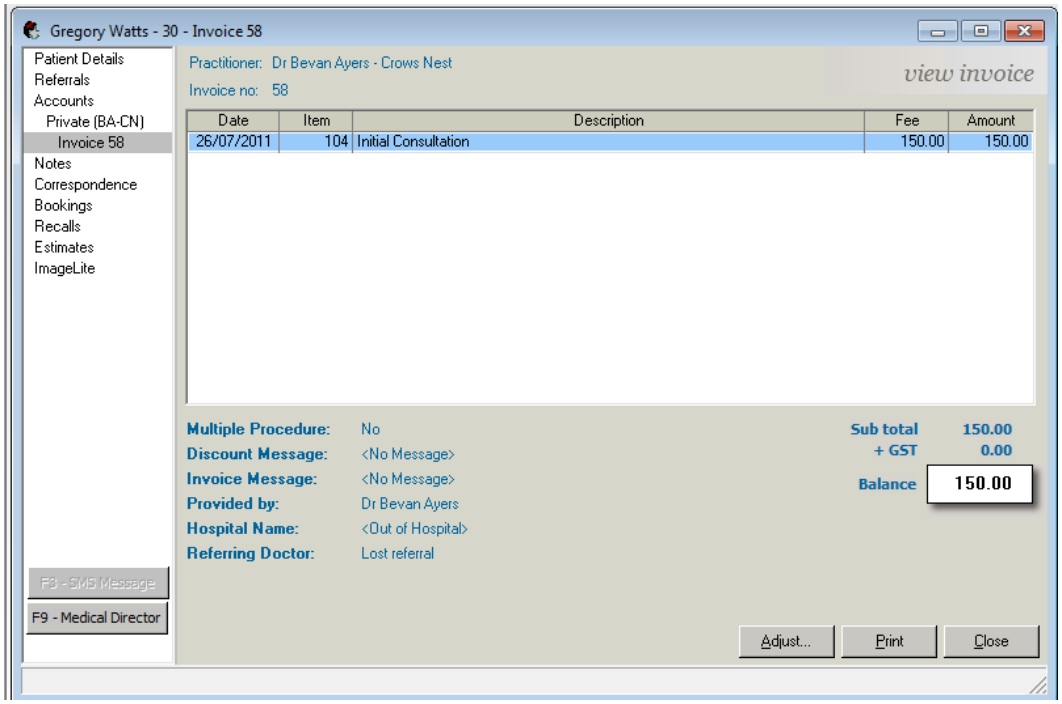
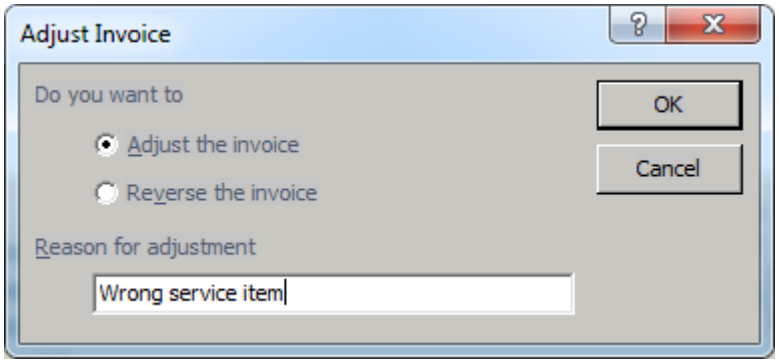
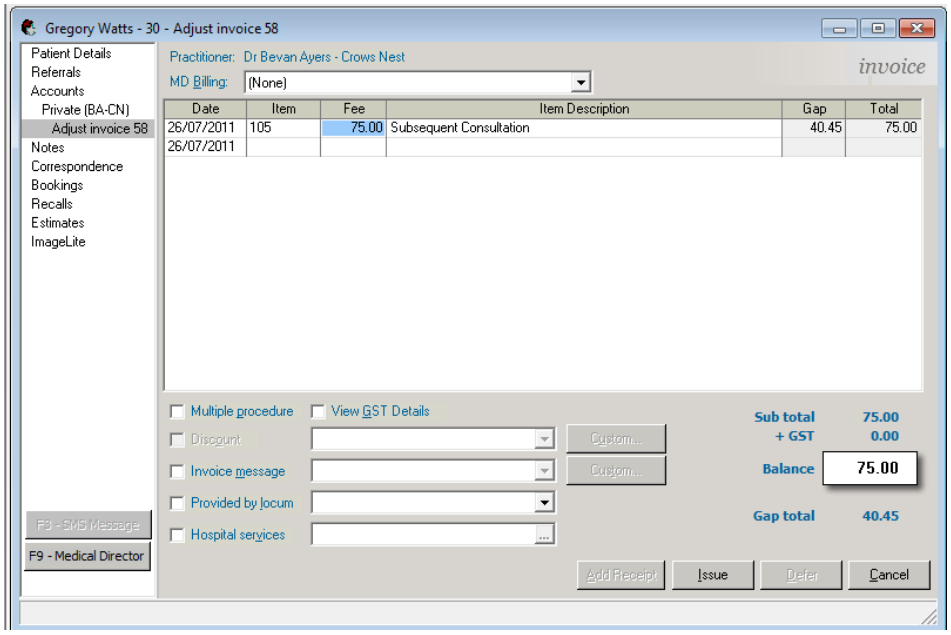


3. Click Adjust



4. Enter a reason and click OK



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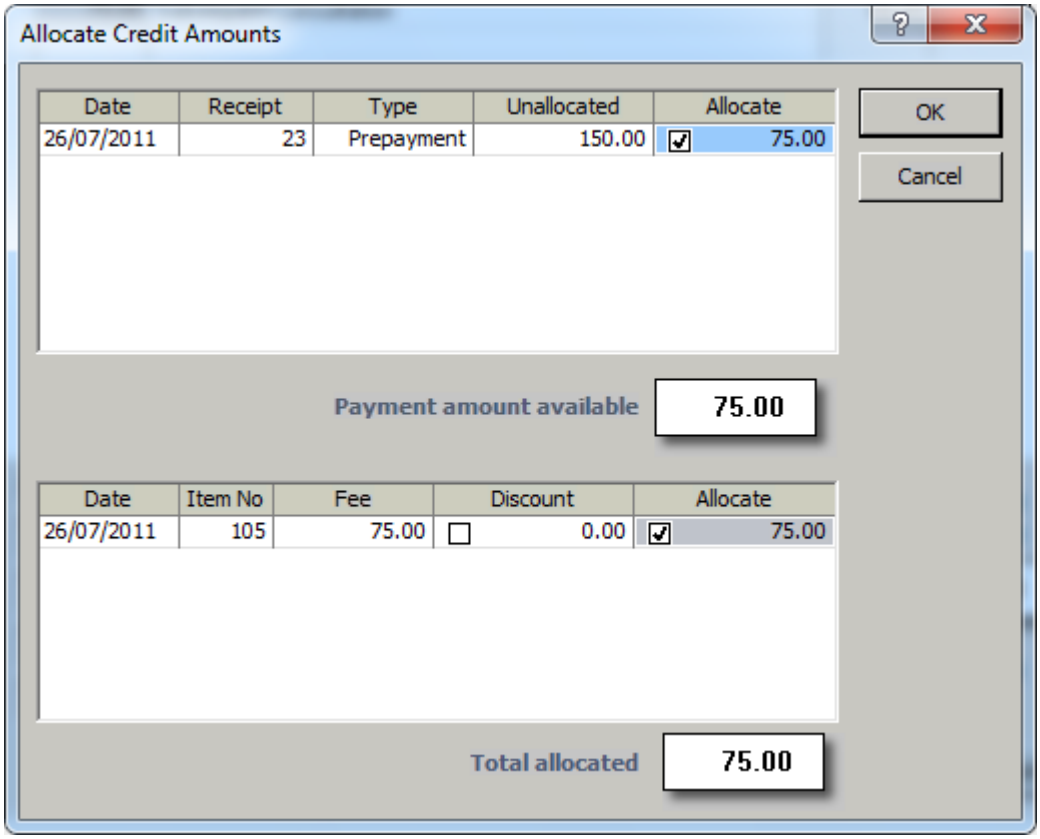
5. Alter the data (in this case change the service item number)
6. Click Issue

The invoice and receipt has been reversed. With the receipt reversed, the money taken is now unallocated and is recorded in Blue Chip as a Credit Payment.



7. Allocate the Credit Amounts.

   This allocates the money now held in credit to the newly adjusted invoice. Ensure the top amount (money in credit) equals the bottom amount (invoice amount).
8. Click OK
9. Print the Invoice
10. Click the Account Credits tab (see screen capture next page)
11. Click Allocate/Refund Credit Payment

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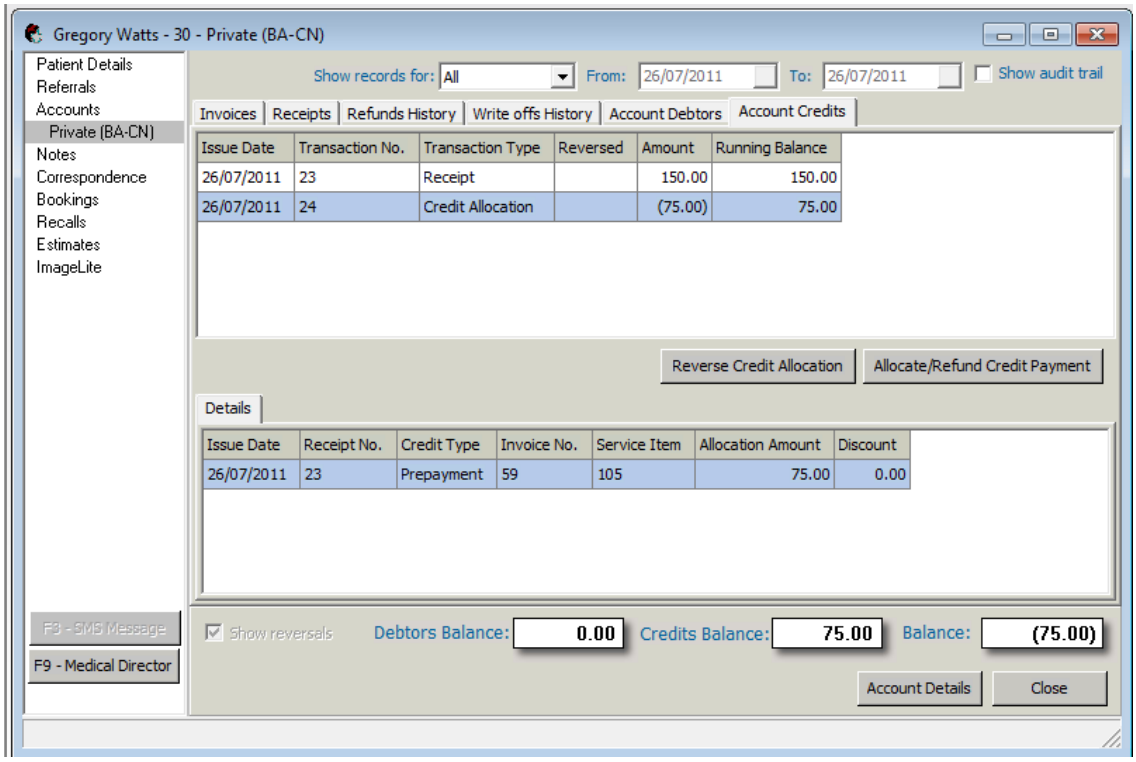
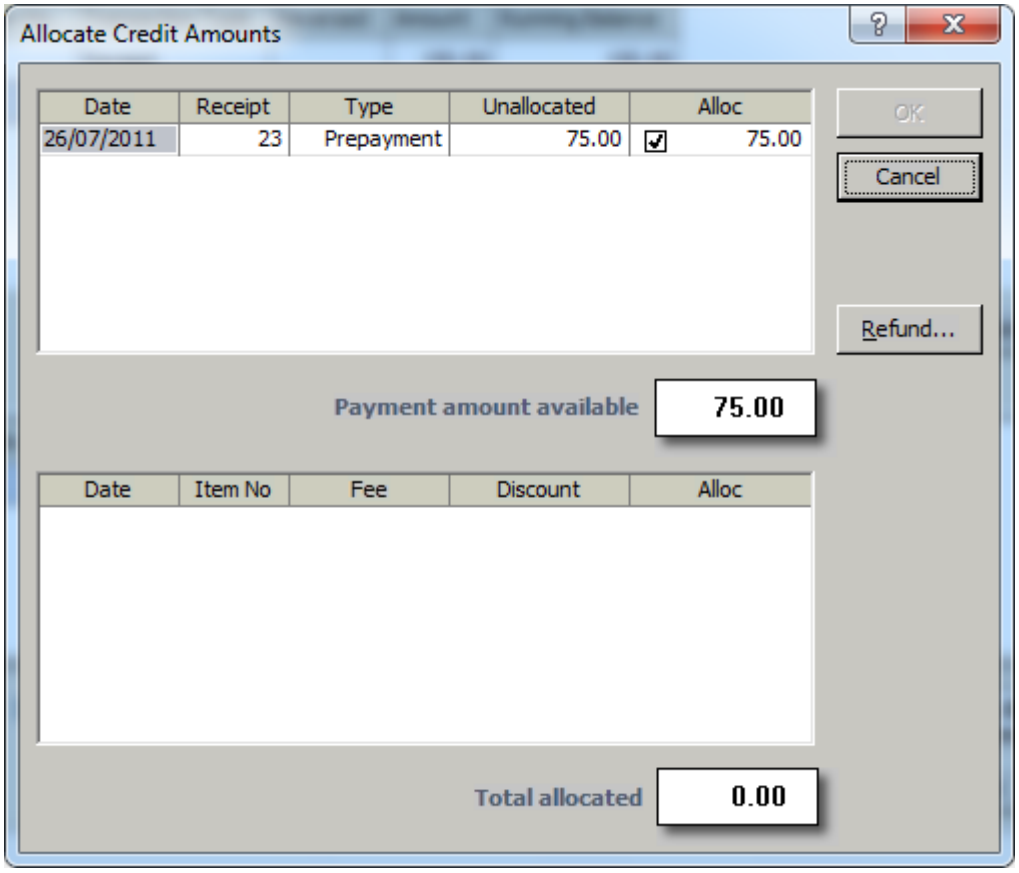


12. Click Refund



13. Provide a reason for the refund and method of refund

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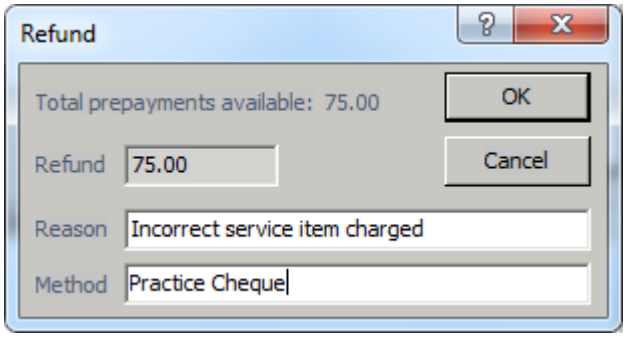
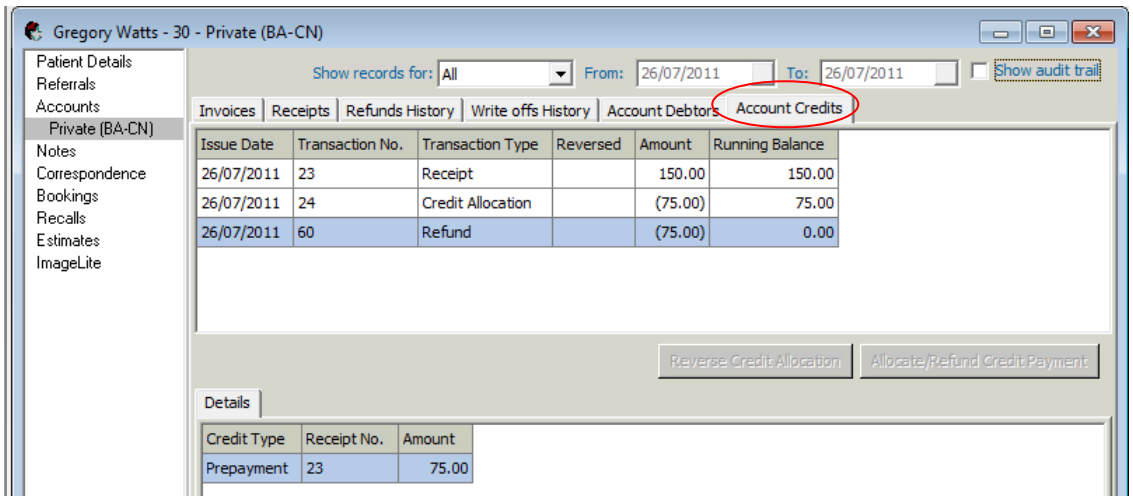
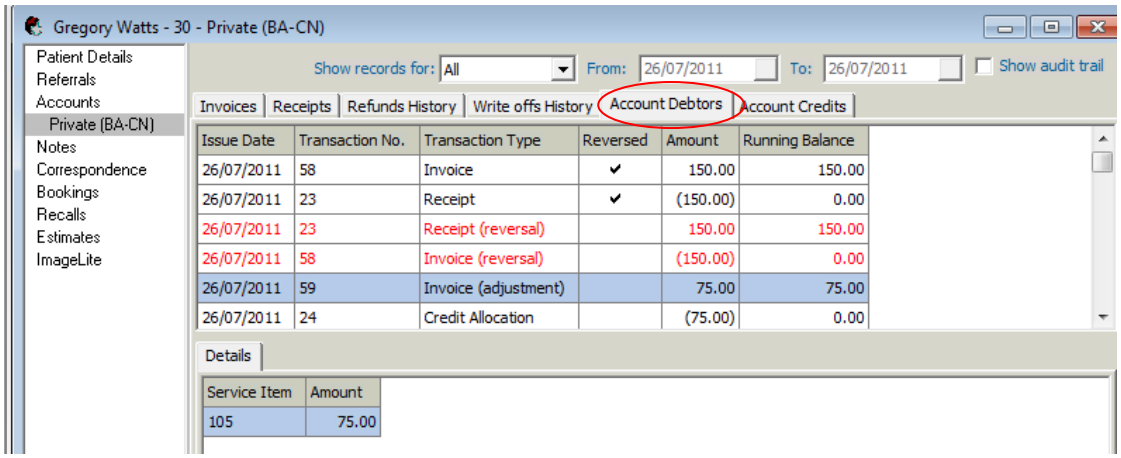


14. Click OK



The Account Credits tab (above) shows the original receipted amount credited. It then shows the allocation of $75 to pay the adjusted invoice. Finally it shows the amount refunded.



The Account Debtors tab (above) shows the original invoice and receipt (flagged) and their subsequent reversals (in red). The tab then shows the adjusted invoice being paid by the amount held in credit from the receipt reversal.

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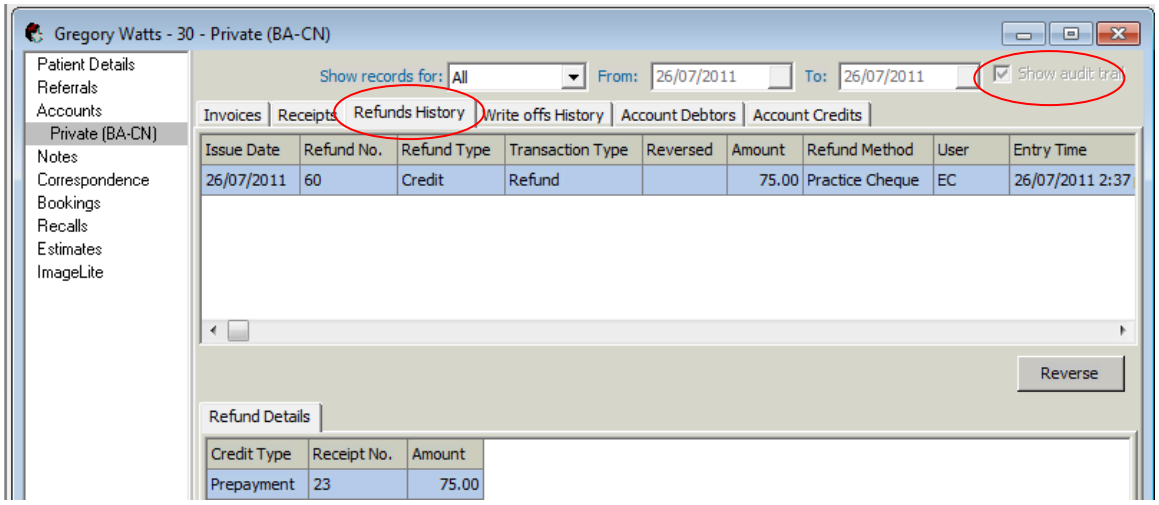
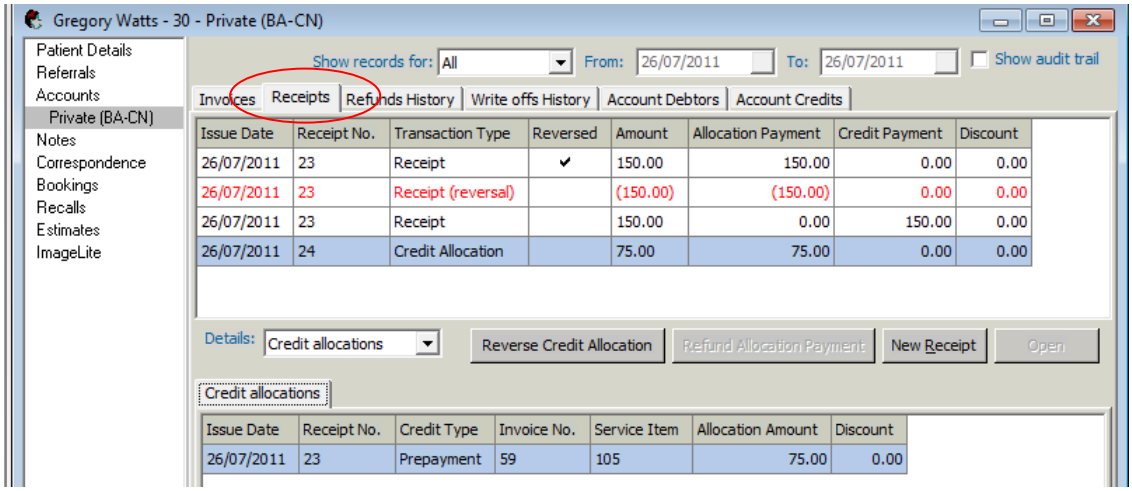
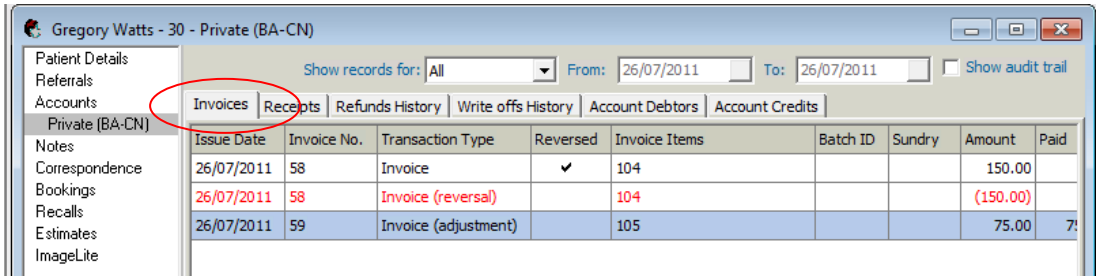


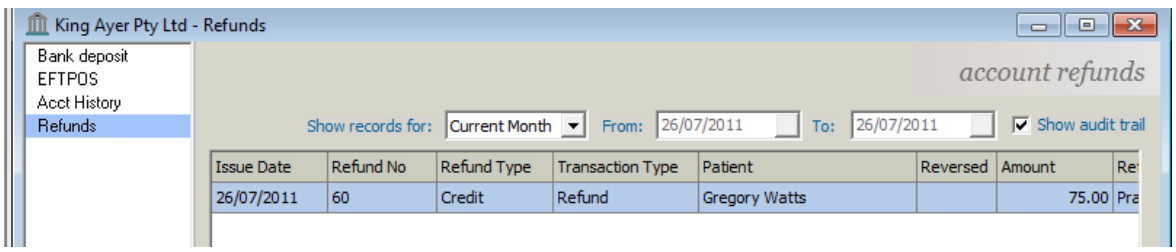
The Refunds History tab (above) records details of the refund. Note the 'Show Audit Trail' is permanently on and that if this was performed in error, the refund can be reversed.



The Receipts tab (above) shows original receipt and its allocation reversal. It also shows the amount as a credit payment before finally showing $75 allocated. The Details of the Credit Allocation is shown in the lower portion of the screen.



The Invoices tab shows the original invoice and its reversal. Lastly, the adjusted invoice is displayed.



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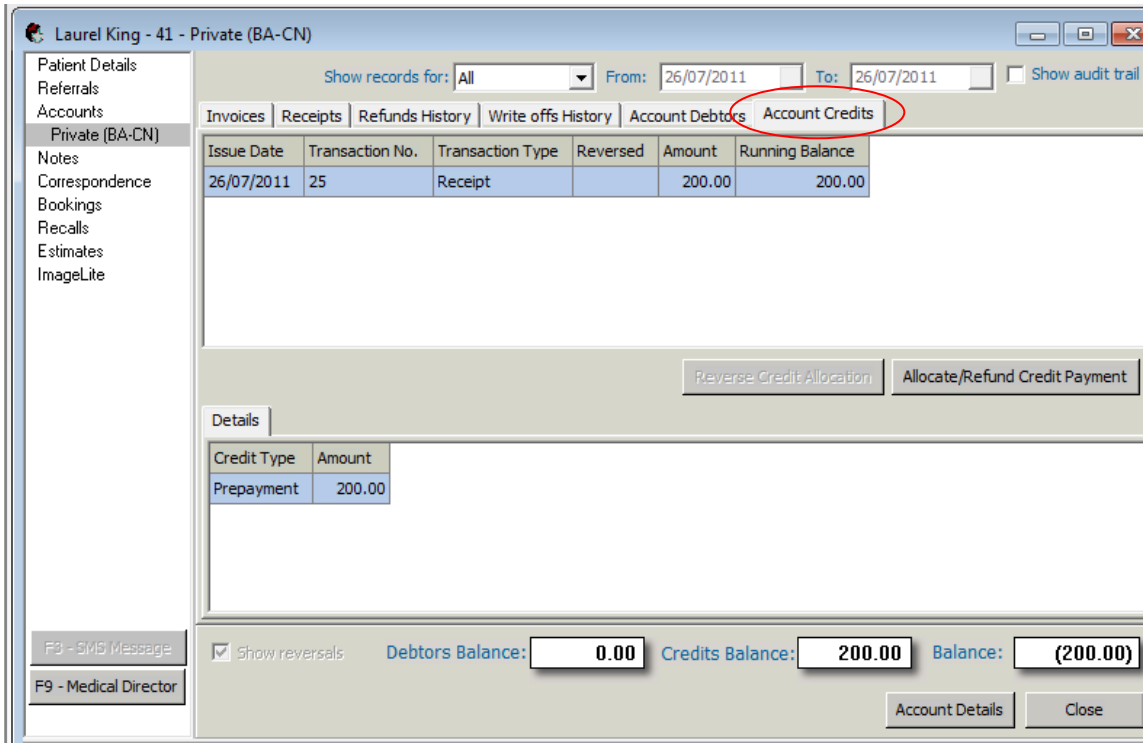
The above screen capture shows the new Refunds tab with details of the refund. This tab is found in the Practitioner's bank account within the Banking module. The Banking module is found in the left margin menu in the Practice Explorer.

Credit Payment Refund

In this scenario, a patient has paid a prepayment which has been banked. For whatever reason (like the patient changed their mind about a procedure), they now wish a refund.

1. Open the patient's account
2. Click the Account Credits tab



3. Click Allocate/Refund Credit Payment

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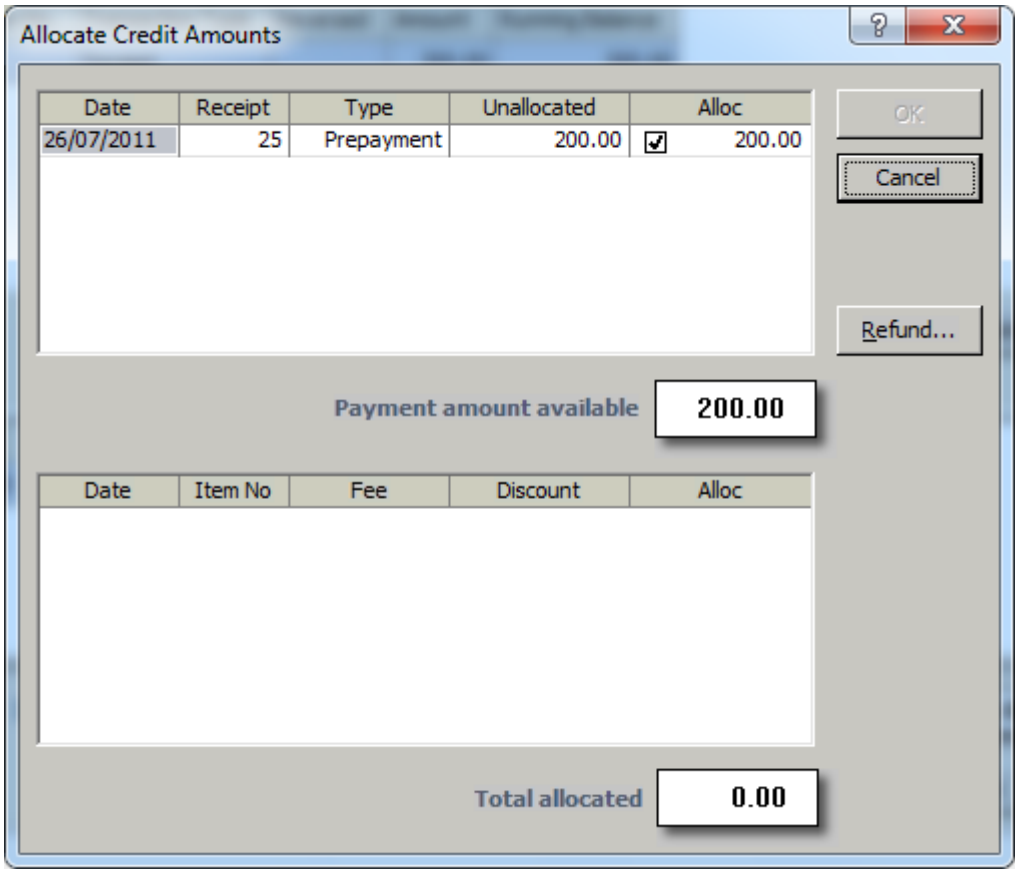
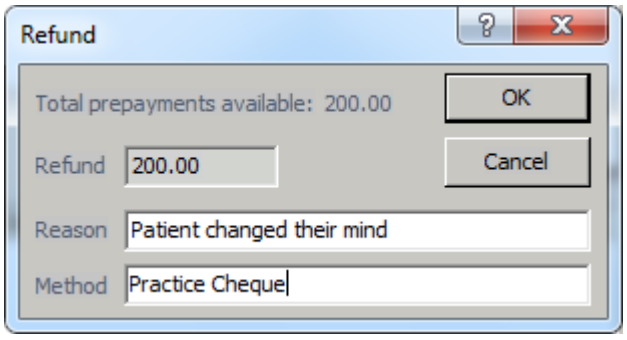


4. Click Refund



5. Enter a reason and refund method
6. Click OK

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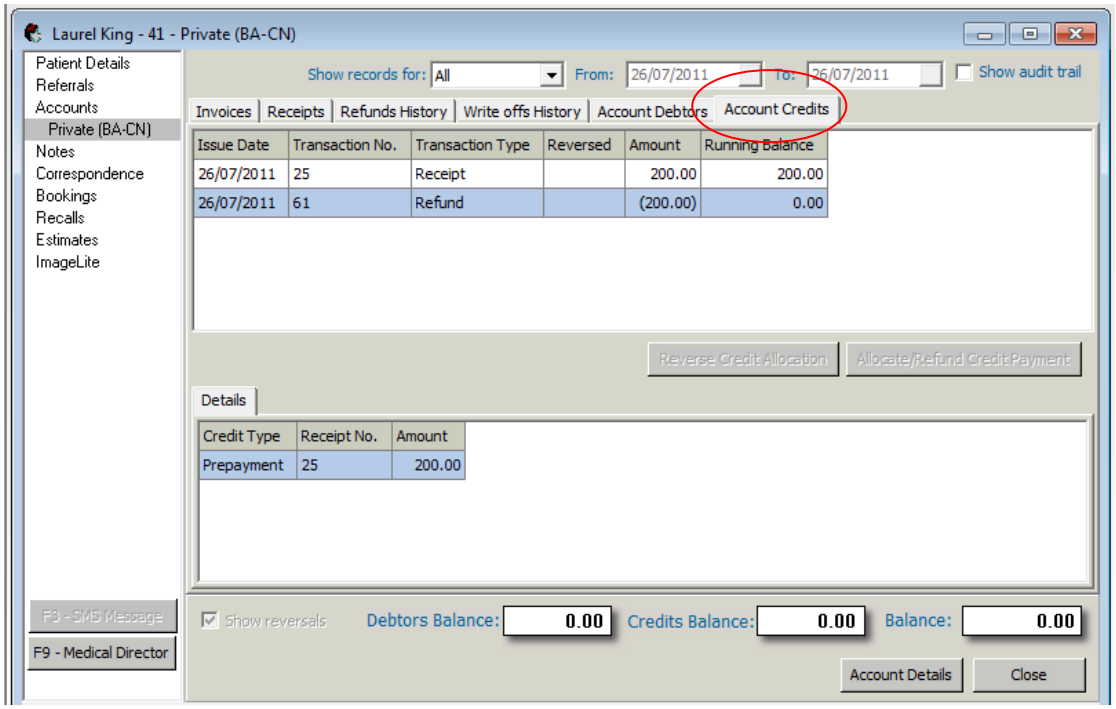
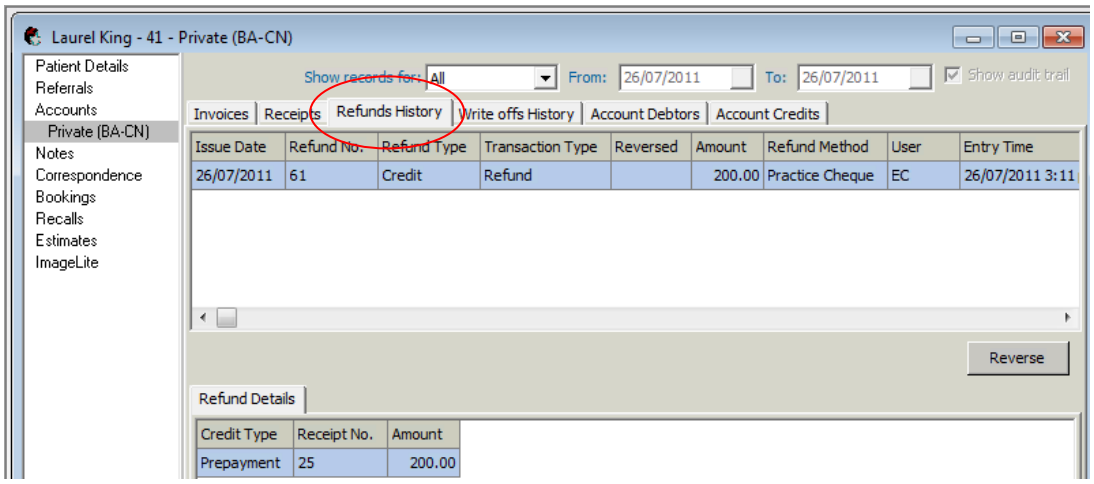
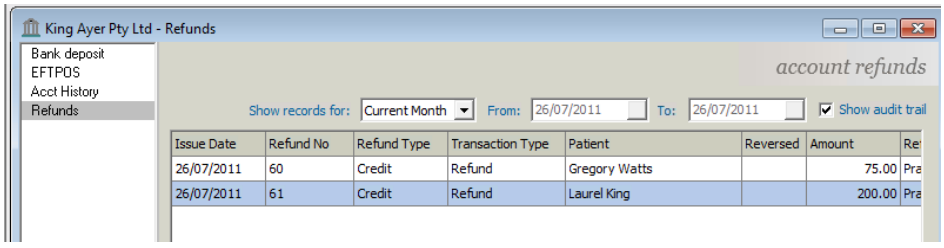


The Refunds History tab will show the details of the refund



The Receipts tab shows details of the original receipt.

The Refunds tab in the Banking module shows details of the refund.



Details of past refunds can be listed using the 'Refund Audit Trail' reports found in the reports section.

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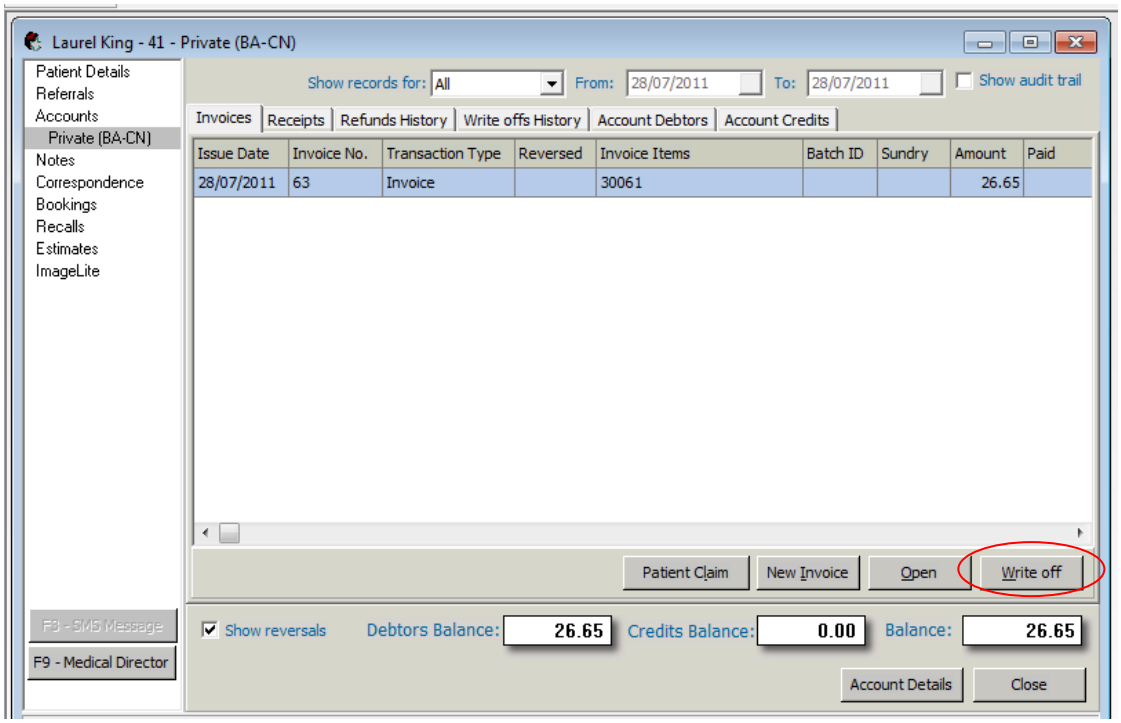
Write Offs

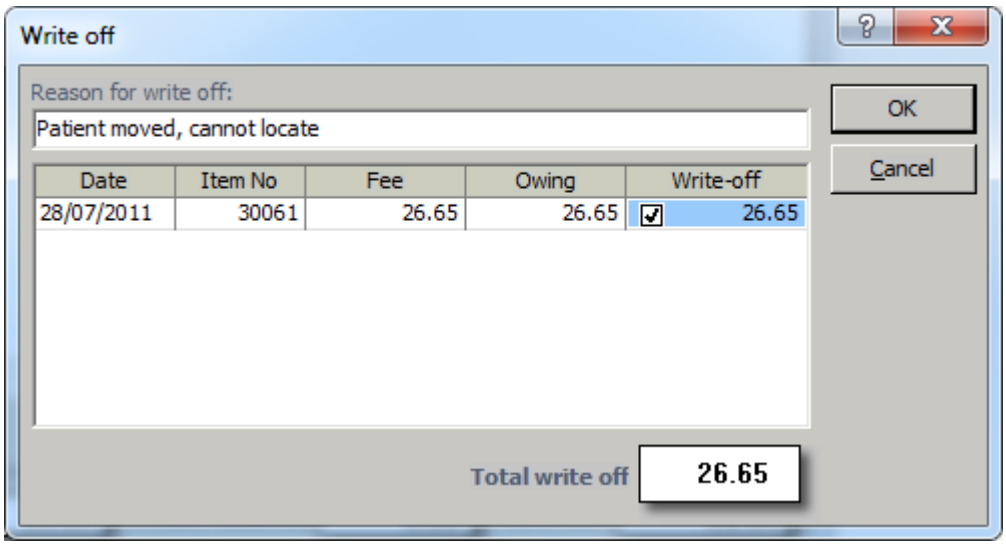
A write off is when the practice is accepting a loss; whether it is a few cents or hundreds of dollars. The reasons for writing off an amount vary greatly, however in a practice situation only a few people have the authority to perform this duty and within Blue Chip only a few people may have the permissions to do this. Some practices use the write off functionality to administer discounts or to avoid performing an adjustment which strictly speaking, is not what it was designed for and may lead to misleading reports.

To Write Off an amount

1. From the Invoices tab, Click Write Off



2. Enter a reason for the write off.



3. The amount written off can be the entire amount, or part thereof.
4. Click OK

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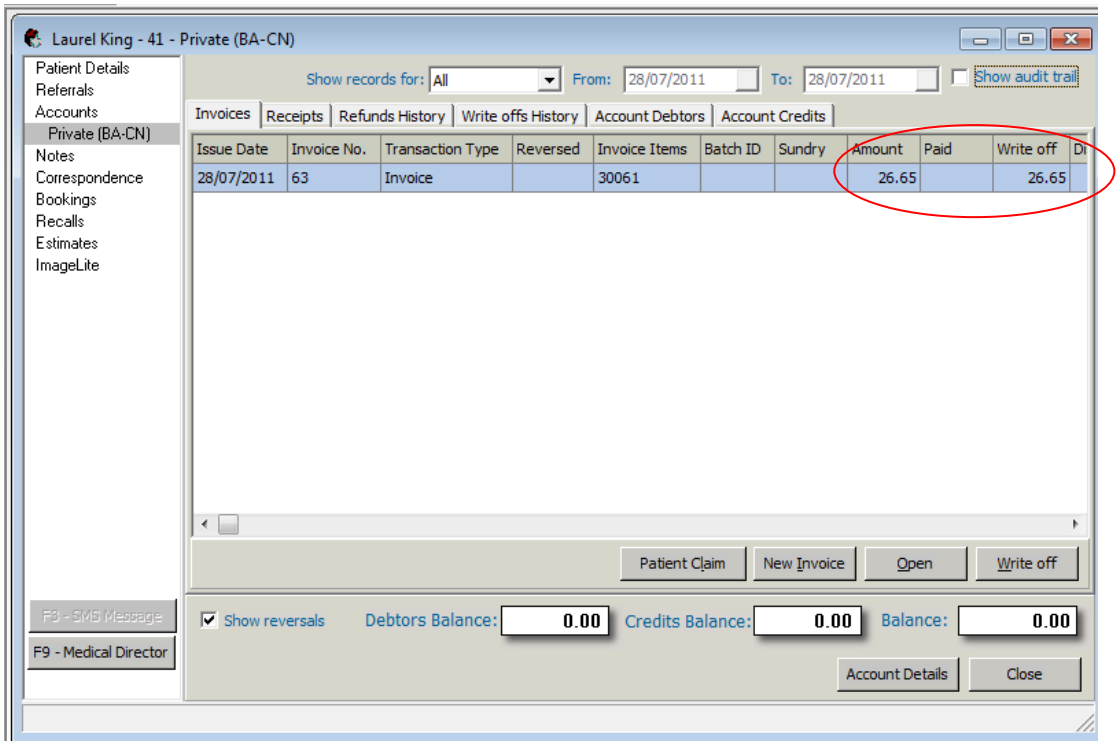
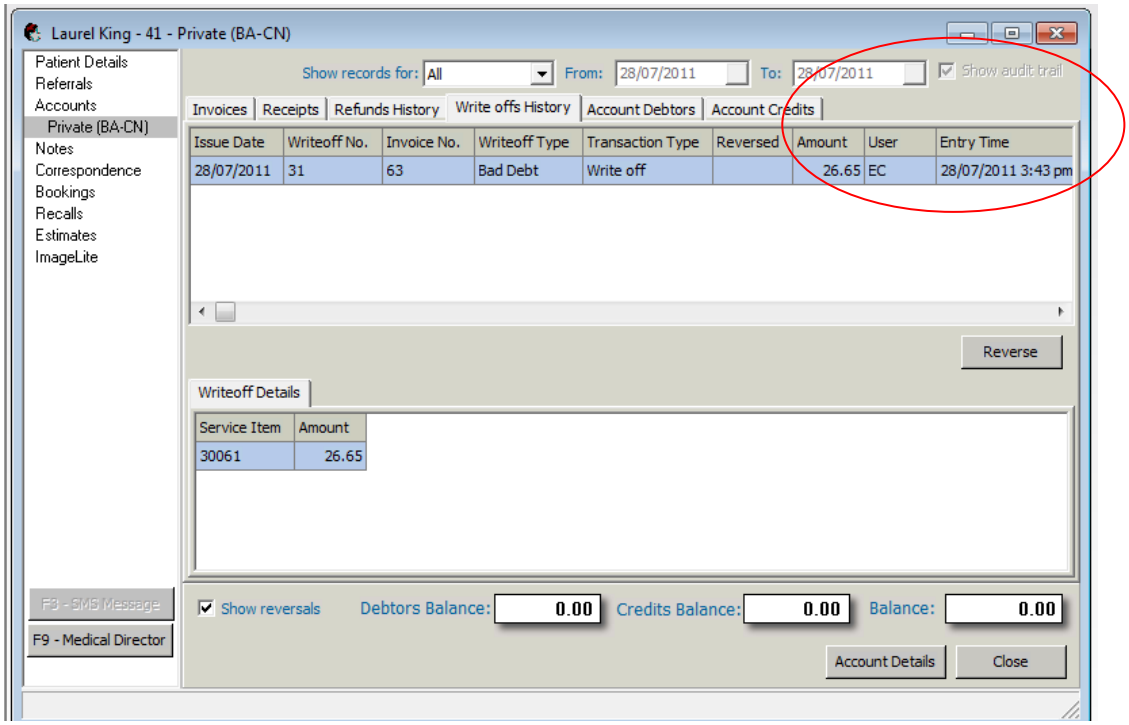


The Invoice tab registers the Write Off. By clicking the 'Show Audit Trail' checkbox, the user, time/date and reason can be viewed.



The Write offs History tab shows the audit trail (always). In the details (lower) part of the screen, the invoice it pertains to is listed. The write off type will always be a bad debt, because basically that is what it is – an amount that will not be recovered.

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Medicare Australia / DVA Online

The recipient is Medicare Australia (Bulk Bill) or Dept of Veteran Affairs under Medicare and is sent online in real time. Processing time is around 48 hours for Bulk Bill amounts and a little longer for Veterans Affairs.

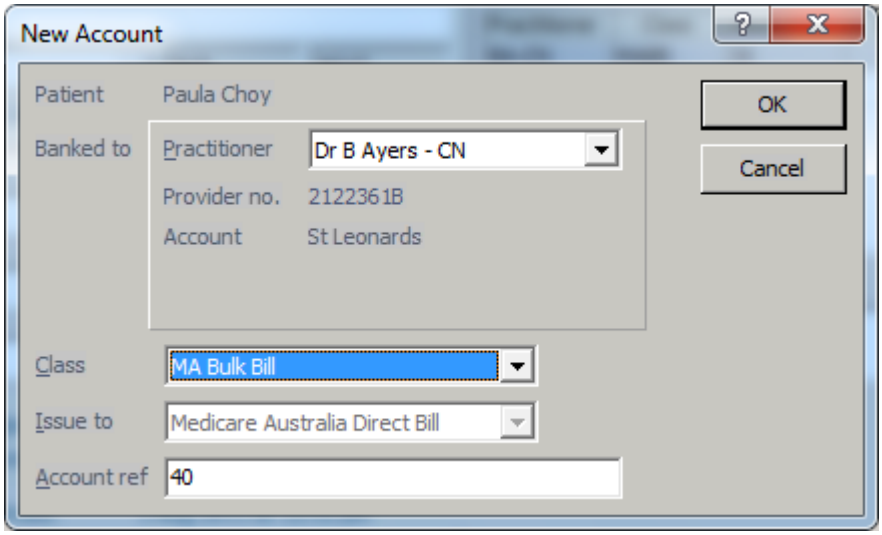
The following module outlines the process of processing the actual online claim (batch) and receipting it. The invoicing for Medicare online is very similar to invoicing a patient privately except for a few things.

The descriptions are not transmitted to Medicare.

The print out from Bulk Bill and DVA are different to the other classes.

Veterans Affairs is still in classic mode- a hard copy of each SIGNED voucher must still be sent into Veterans Affairs for Assessment before the batch is paid.

In the example below, the class is called MA Bulk Bill but may be named differently at the practice.



1. Create an invoice as described in the Billing section
2. Click Issue to issue to invoice

TIP: to advise Medicare of certain scenarios eg: Not Normal Aftercare. After keying in the item number; right mouse click on the description. A button "Add Service Text" will appear. Click OK. Type in the message or use the drop down option. This field can accept up to 30 alphanumeric characters.

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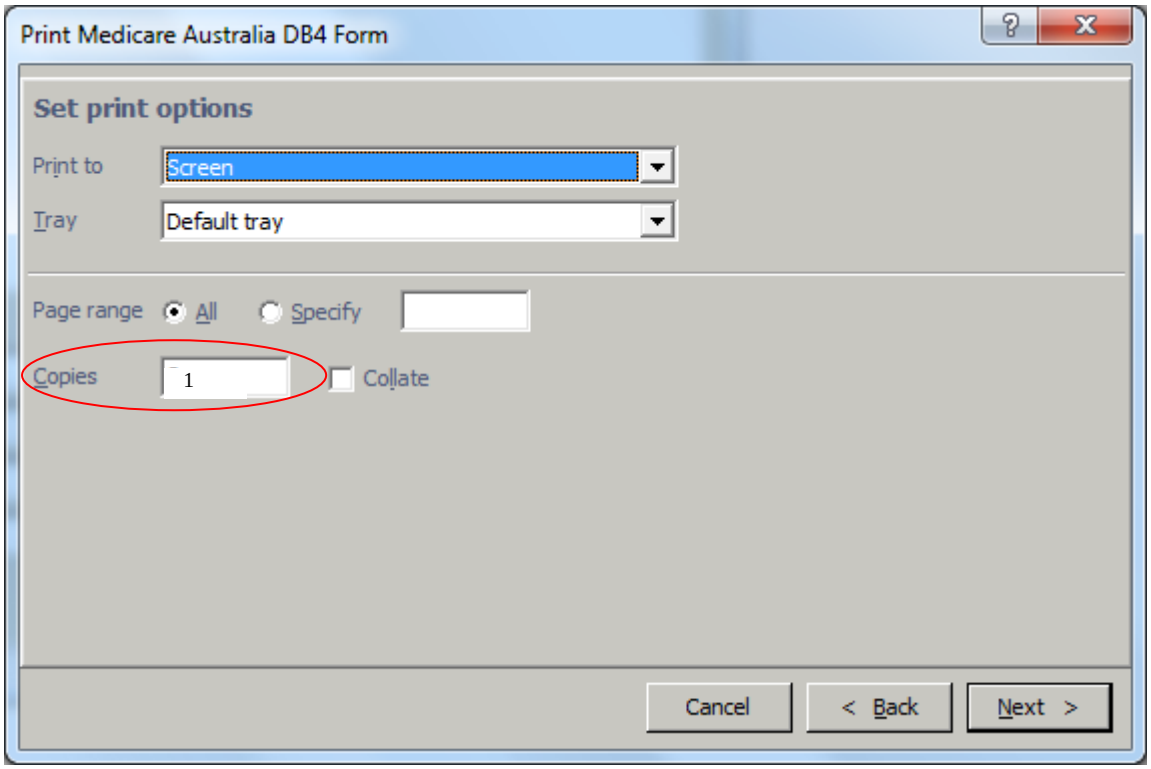
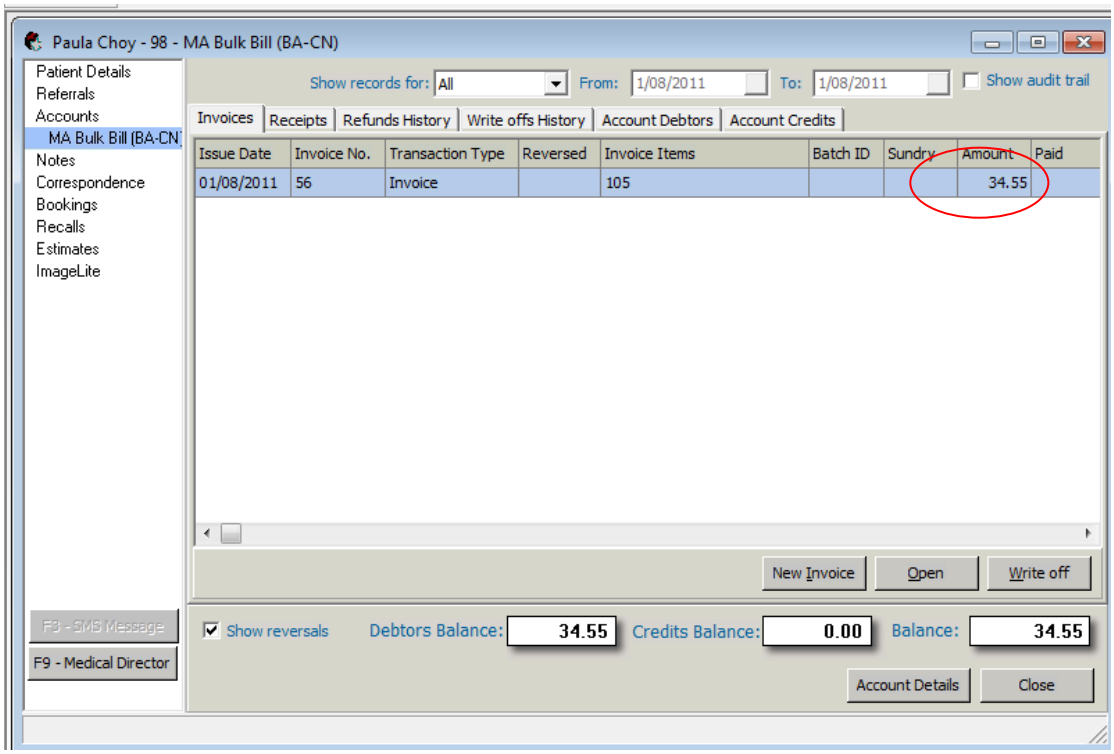


Since 2008 Medicare has advised that the practice is no longer required to print a copy for their records. In accordance with Medicare's directive, the patient should still sign for service.



When the Invoice is issued, it looks like a standard invoice.

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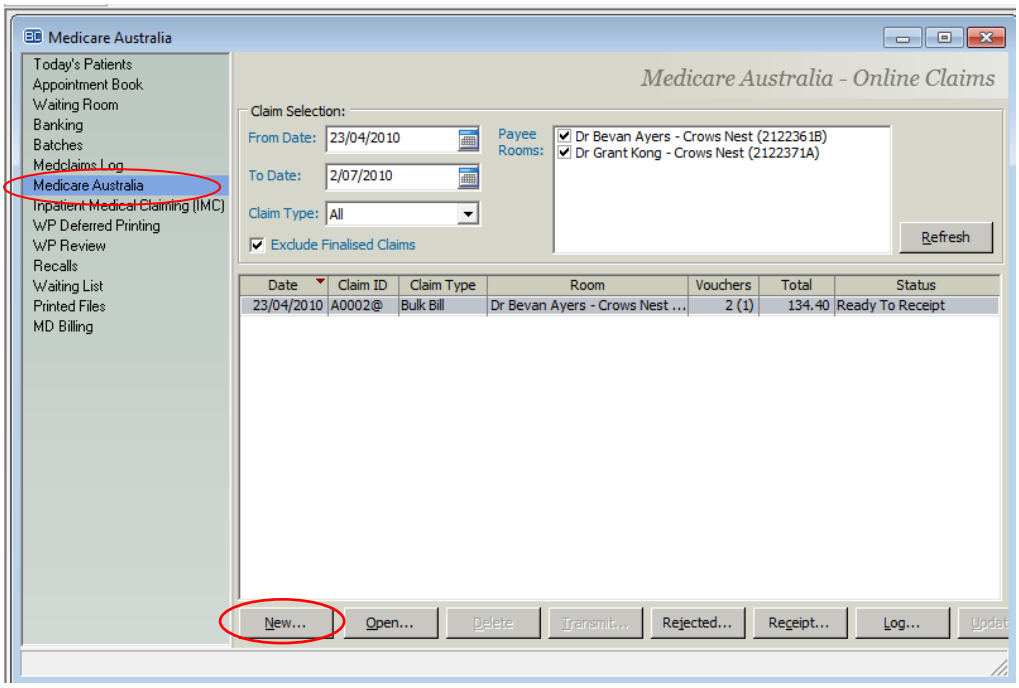
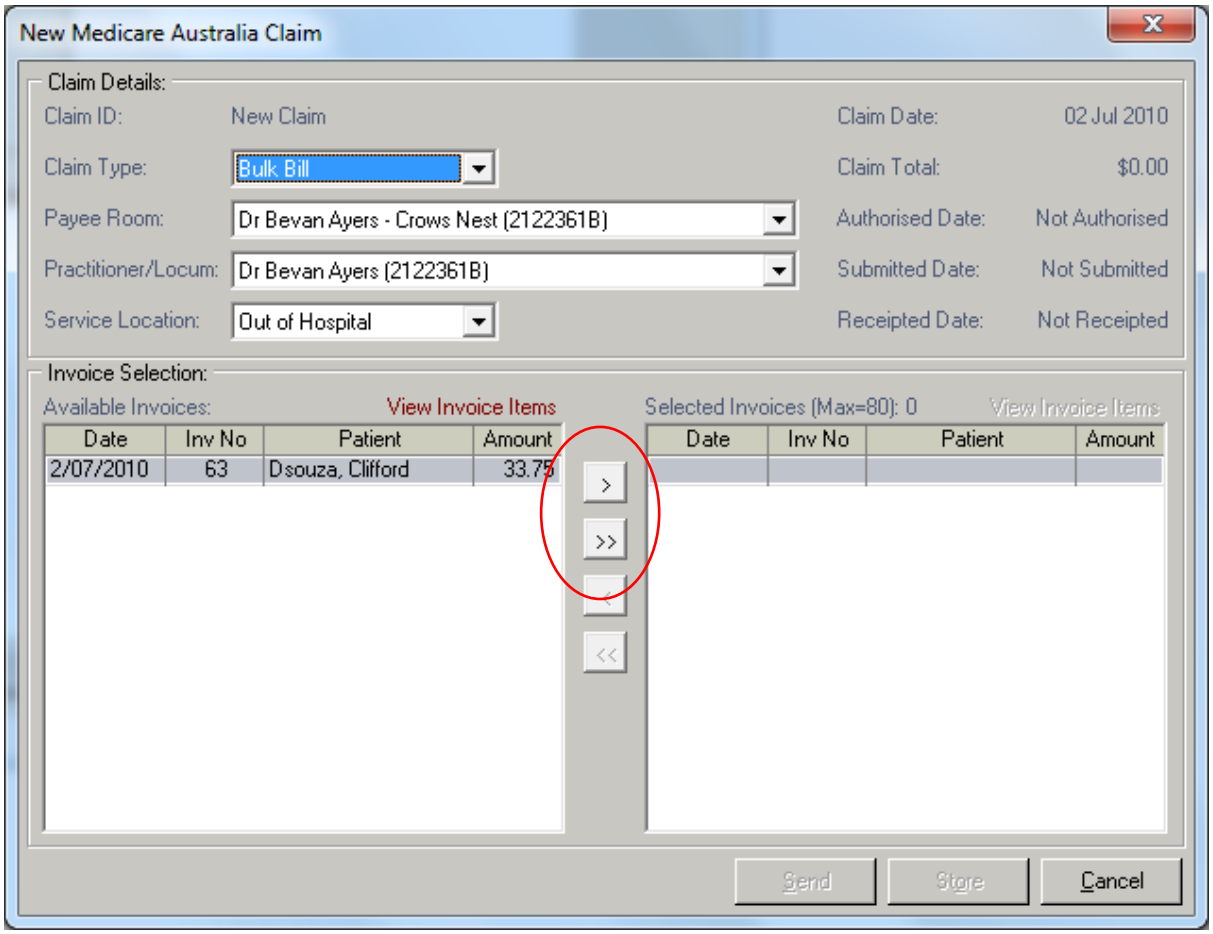
Sending the Claim

1. From Practice Explorer [F12] select Medicare Australia



2. Click New to display the issued invoices waiting for processing



3. Click the single or double headed arrow to move the invoices to the processing side

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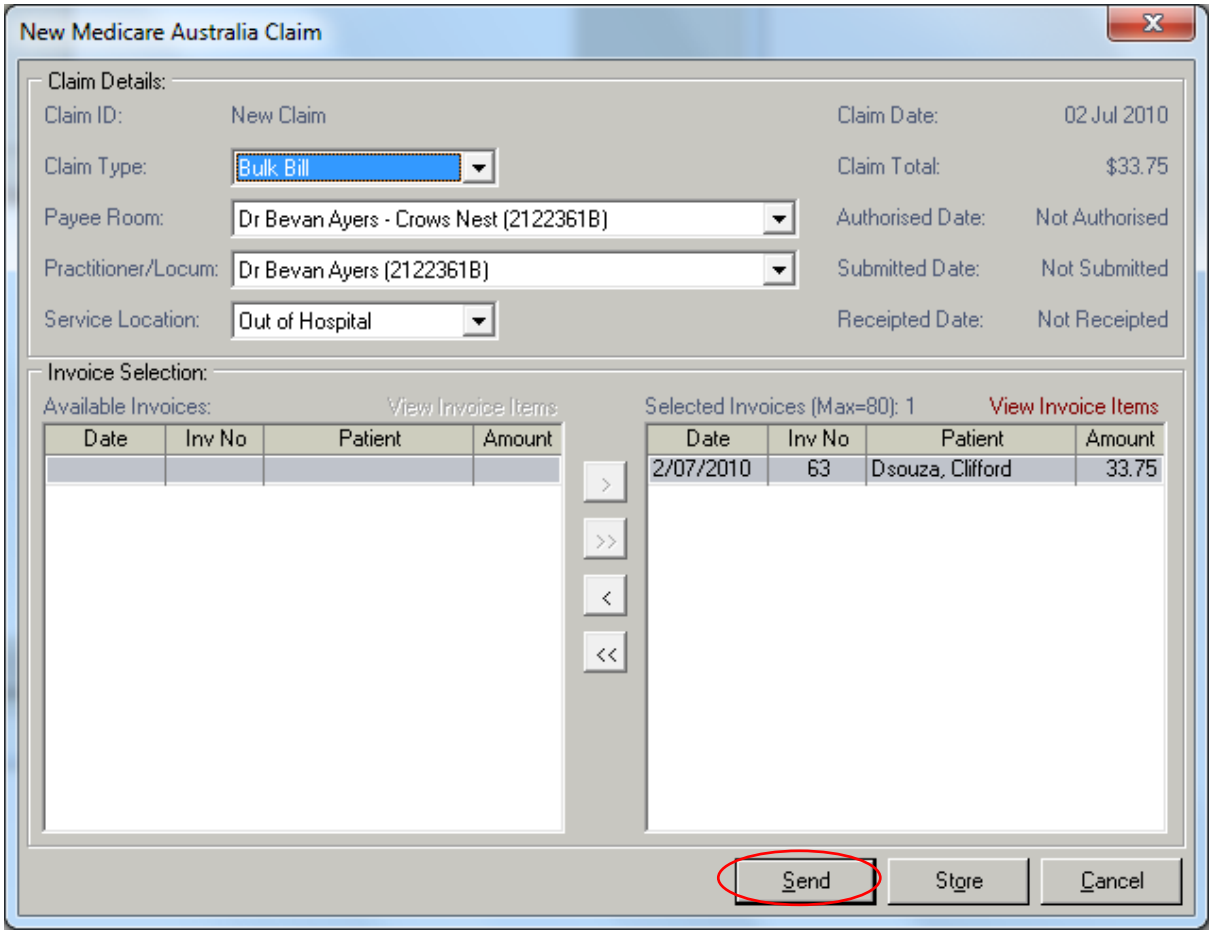
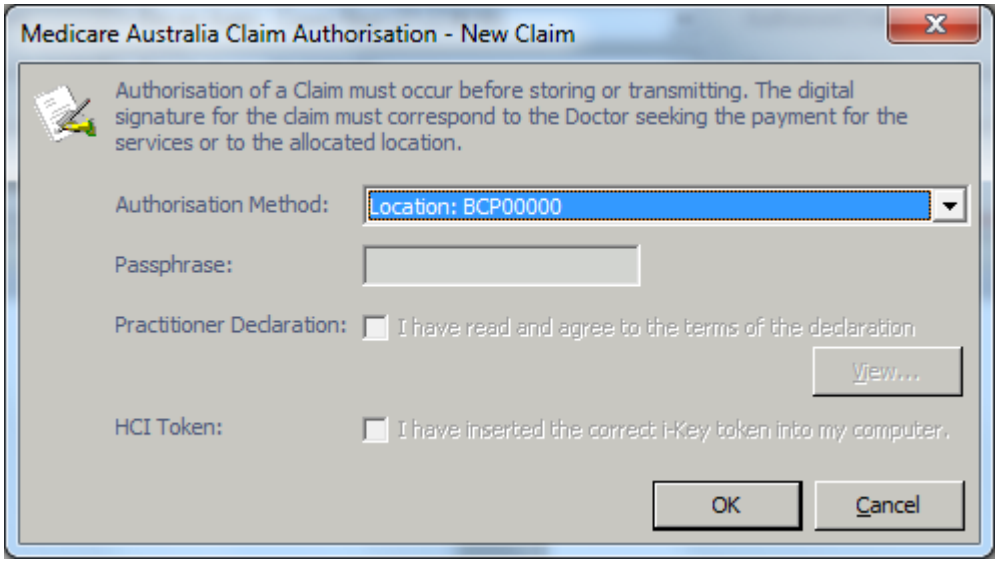
4. Click Send




Medicare Australia Claim Authorisation - New Claim
Authorisation of a Claim must occur before storing or transmitting. The digital signature for the claim must correspond to the Doctor seeking the payment for the services or to the allocated location.
Authorisation Method:
Location: BCP00000
Passphrase:
Practitioner Declaration:
I have read and agree to the terms of the declaration
View...
HCI Token:
I have inserted the correct i-Key token into my computer.
OK
Cancel

5. Click OK

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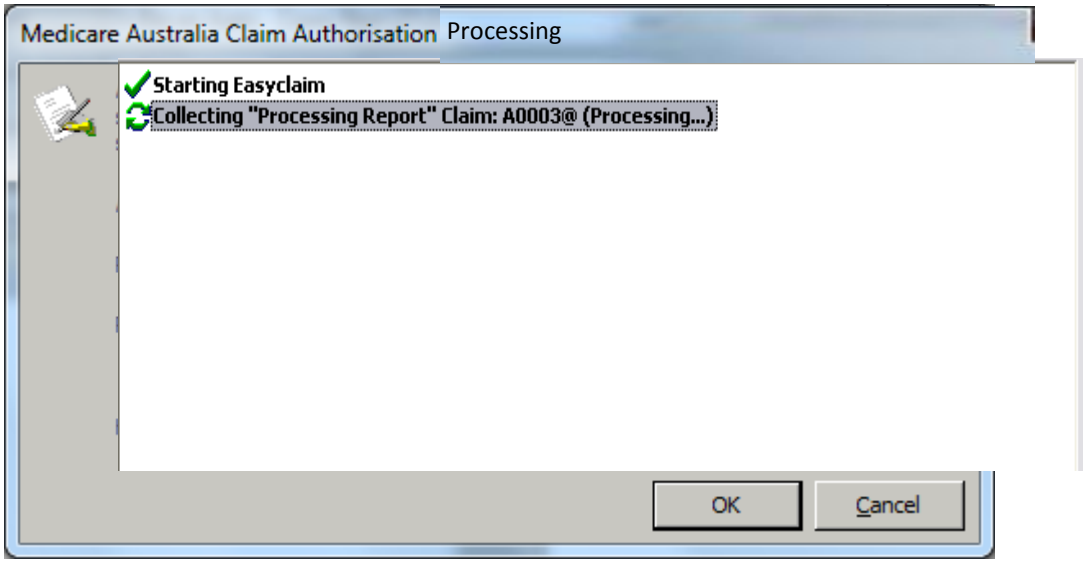

When the claim has been sent without errors its status becomes 'Awaiting Process Report'. See Appendix A for the various stages the claim goes through.

Claim Status

How to read the panel:

To check on any claim, access the Medicare Australia Online Claims panel in Practice Explorer (F12). This 'user interface panel' can be modified in several ways to make checking easier.

By clicking on Status, the user can re-sort the information displayed so that all claims are in Status Type.

The Refresh Button will appear bold. Clicking on this will reformat the report.

Clicking on Claim Type will sort entries by DVA and Bulk Bill (after hitting Refresh).

Claim ID – formerly known as Batch number – is called PMS Claim ID by Medicare Australia when talking to them.

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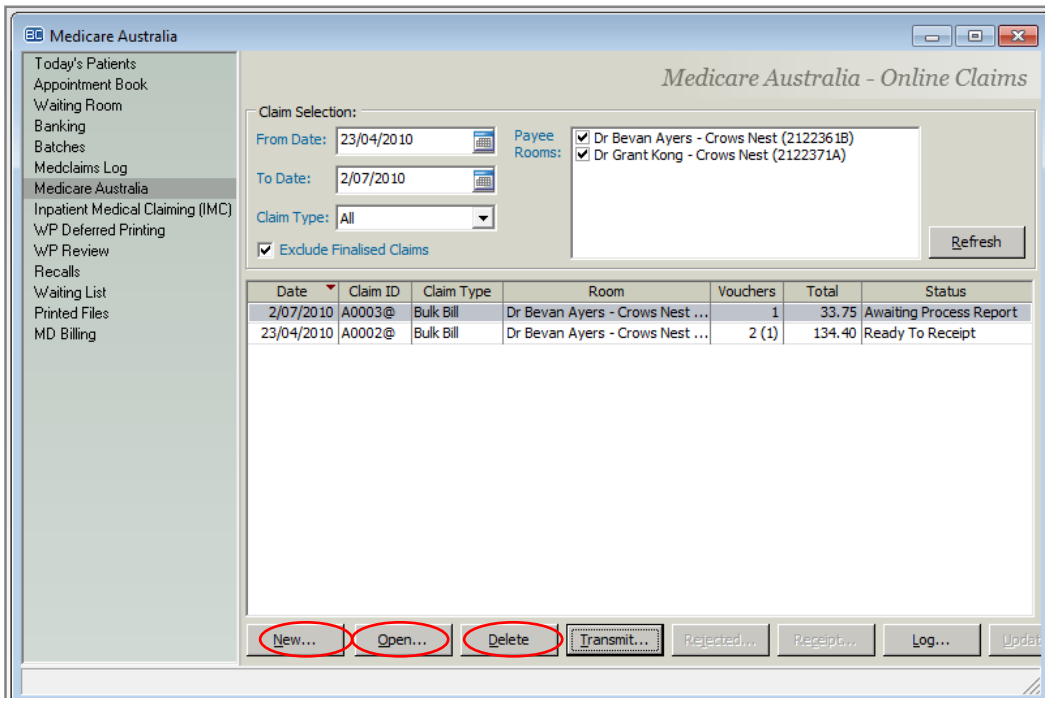

The function keys at the bottom of the panel represent the following:

NEW – prepare and authorise vouchers to be sent in a claim

OPEN – claims that have not been transmitted can be opened individually and edited.

DELETE – claims that have *not been transmitted* can be deleted with the vouchers returning to the list for selection under the **New** Button.

Claims that *have been* transmitted can be deleted on the same day that they were sent provided the practice notifies Medicare Australia by phone on 1800 700 199, that the claim is being deleted.

Note:

- Medicare Australia may provide a reference number to be keyed in to the reference panel.
- The deleted claim will sit in the list.
- Invoices released from the deleted claim will appear in the New section

Receipting Claim Payments

It is important that Receipts are processed expediently because the money is deposited directly into the practice bank accounts once the transmission is sent to Blue Chip.

Delays in processing the receipts can make it difficult to reconcile Blue Chip revenue reporting against the Bank Statements; therefore HCN recommends that this process be performed daily.

1. From Practice Explorer, Click Medicare Australia in the left margin

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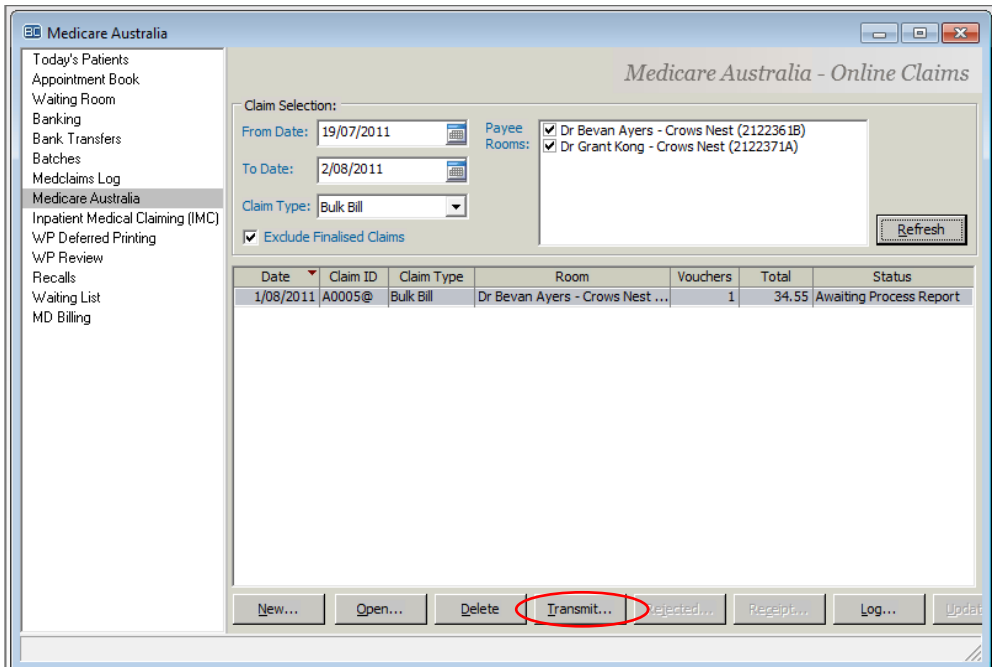
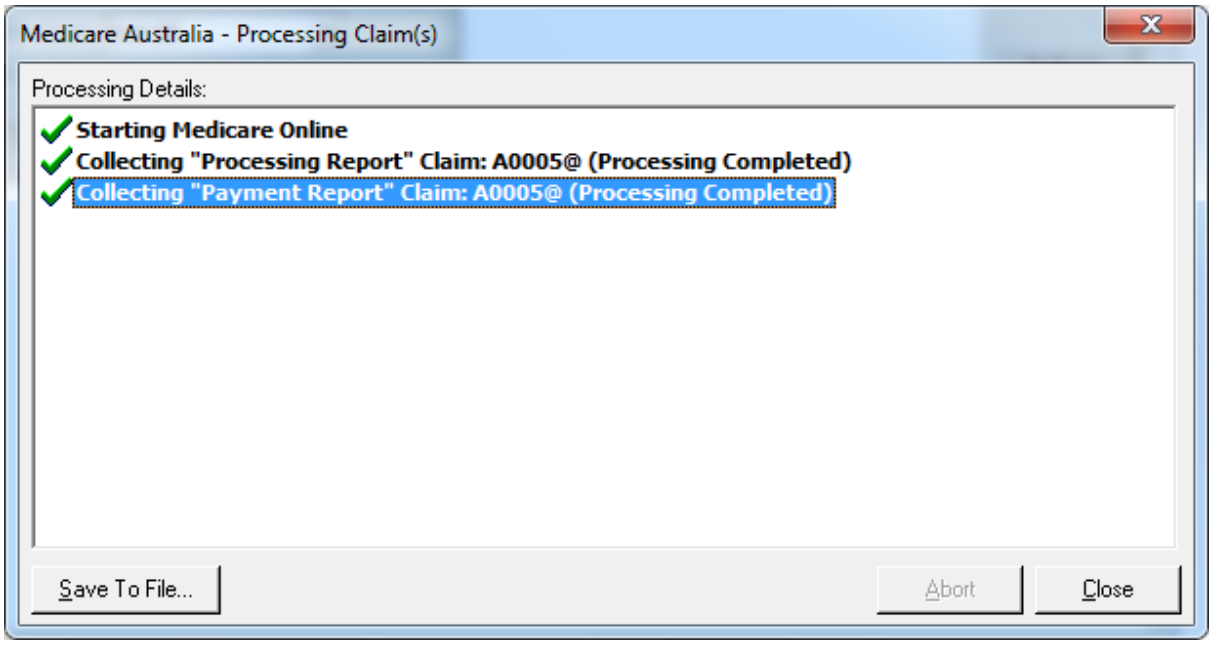


2. Click to select the claims marked ‘Awaiting Process Report’
3. Click Transmit. If the screen below appears, the batch is ready to receipt. Remember, claims will usually take 24 hours to process from when they were sent.



4. Click Close

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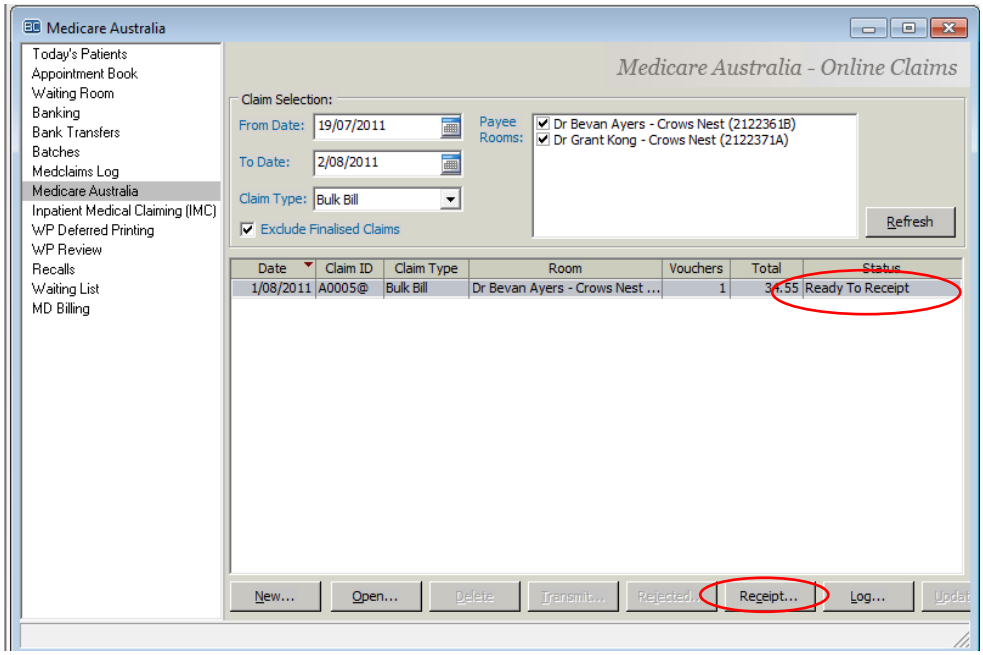
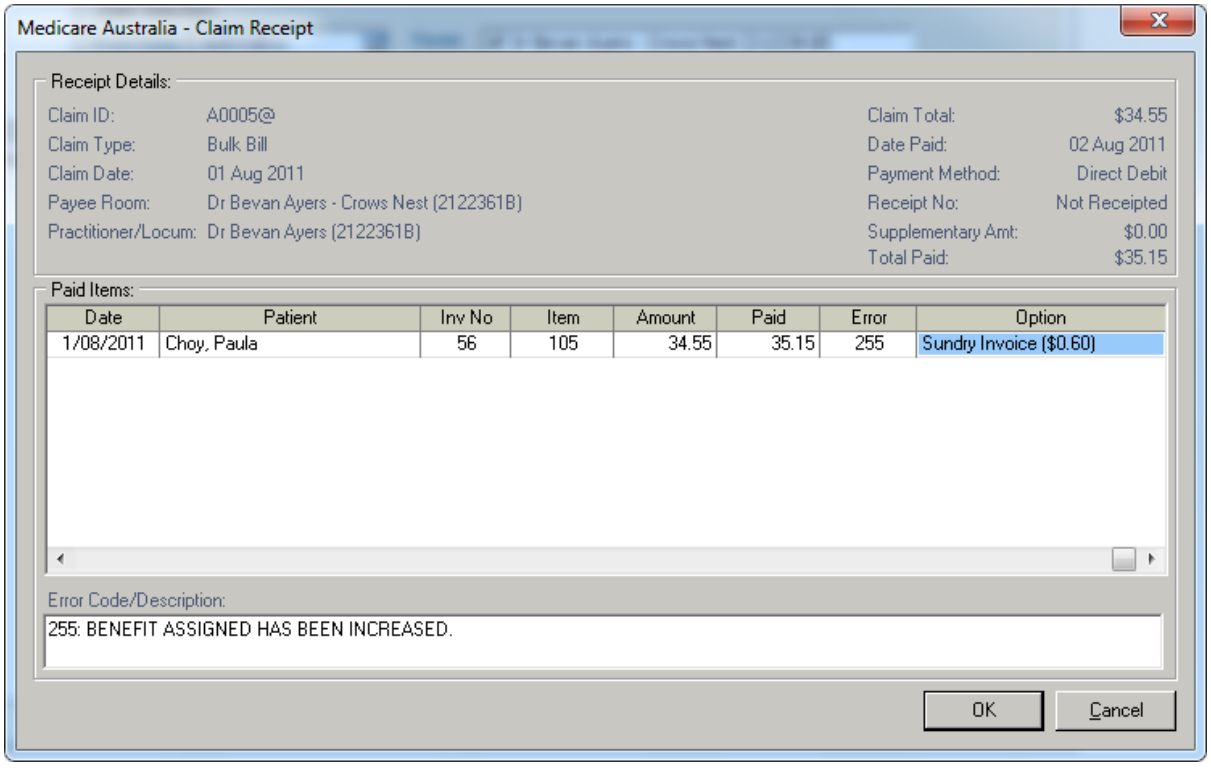


5. Click Receipt when the claim now shows 'Ready to Receipt' in the Status column.



6. Click OK

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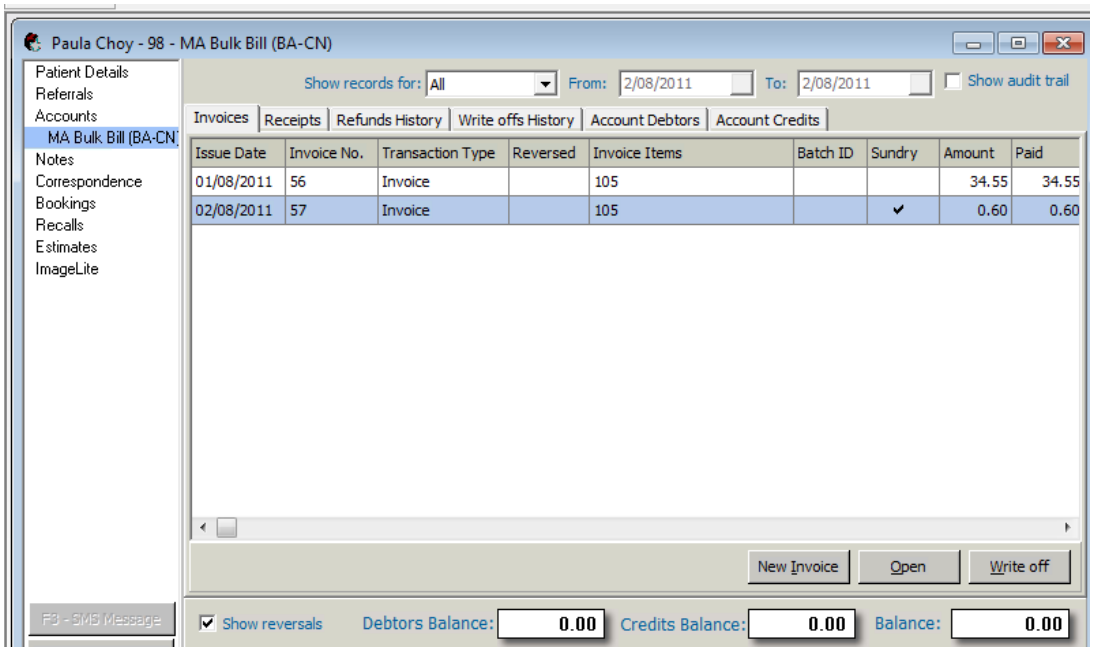
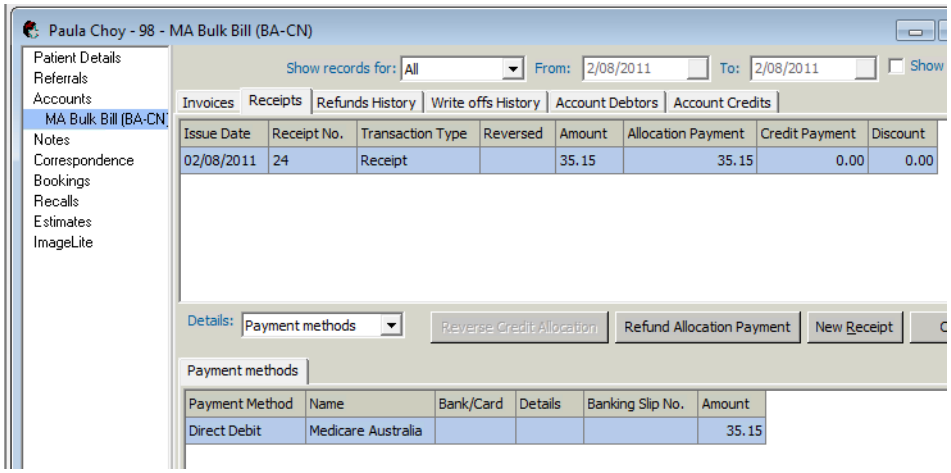
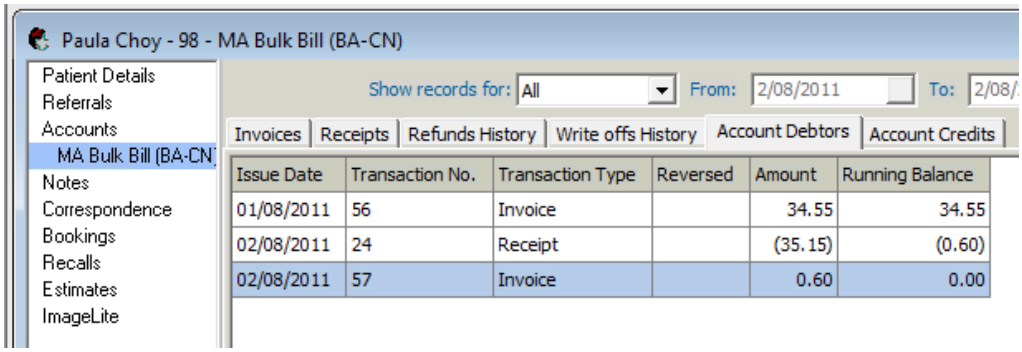
In the Patient's file, the invoice indicates it has been paid, and the sundry invoice is listed beneath it with a flag in the Sundry column.



The Receipt tab (below) shows the total receipted (invoice + sundry), and the payment method displays that it has been directly debited.



The Account Debtors tab shows the original invoice, then the receipt for the benefit. The sundry invoice is shown on the 3rd line which locks in the overpayment so it can't be used by the patient in future treatment as the money belongs to the practice.



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Electronic Patient Claiming

Patient Claiming Scenarios

Scenario 1: A gap payment, manually sent

Patient makes a part payment (gap payment) to the practice and the claim is manually sent to Medicare Australia Patient Claiming.

Reimbursement:

A Medicare cheque with the doctor as the payee is sent to the patient. The patient then forwards the cheque to the practice. If the cheque is not presented to the practice within 21 days, the practice should contact the patient initially. Depending on what has transpired, the patient should then either present the cheque to the practice OR contact Medicare Australia to have the original cheque cancelled and a new cheque redrawn. The cheque will then be sent to the patient to be forwarded on to the practitioner.

There may be an alternative logic path; however this would differ for individual circumstances.

Scenario 2: A gap payment, electronically sent

Patient makes a part payment (gap payment) to the practice and the claim is electronically sent to Medicare Australia Online Patient Claiming.

Reimbursement:

A Medicare cheque with the doctor as the payee is sent to the patient. The patient then forwards the cheque to the practice. If the cheque is not presented to the practice within 21 days, the practice should contact the patient initially. Depending on what has transpired, the patient should then either present the cheque to the practice OR contact Medicare Australia to have the original cheque cancelled and a new cheque redrawn. The cheque will then be sent to the patient to be forwarded on to the practitioner.

If after 90 days a cheque has still not been presented to the practice, Medicare Australia runs a search on cheques that have not been cashed. Medicare Australia will cancel non cashed cheques and credit the practitioners' account electronically.

Scenario 3: Full payment, electronically sent

Patient pays the invoice in full and the claim is sent electronically to Medicare Australia Patient Claiming

Reimbursement:

After processing, the patient is electronically paid the claimable amount if they have first registered their details with Medicare Australia.

Otherwise the patient will be reimbursed by Medicare cheque.

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Points to note:

The default setting for Patient Claiming in Blue Chip is reimbursement by cheque. The practice should leave this setting even if the patient has registered their details. Medicare Australia will override this setting on processing and reimburse electronically if applicable.

Patients can only be reimbursed electronically if they have paid the invoice in full and have had their details registered with Medicare Australia.

If a patient has only made a part payment, a cheque (payee practitioner) is sent via the patient. The patient forwards this to the practice.

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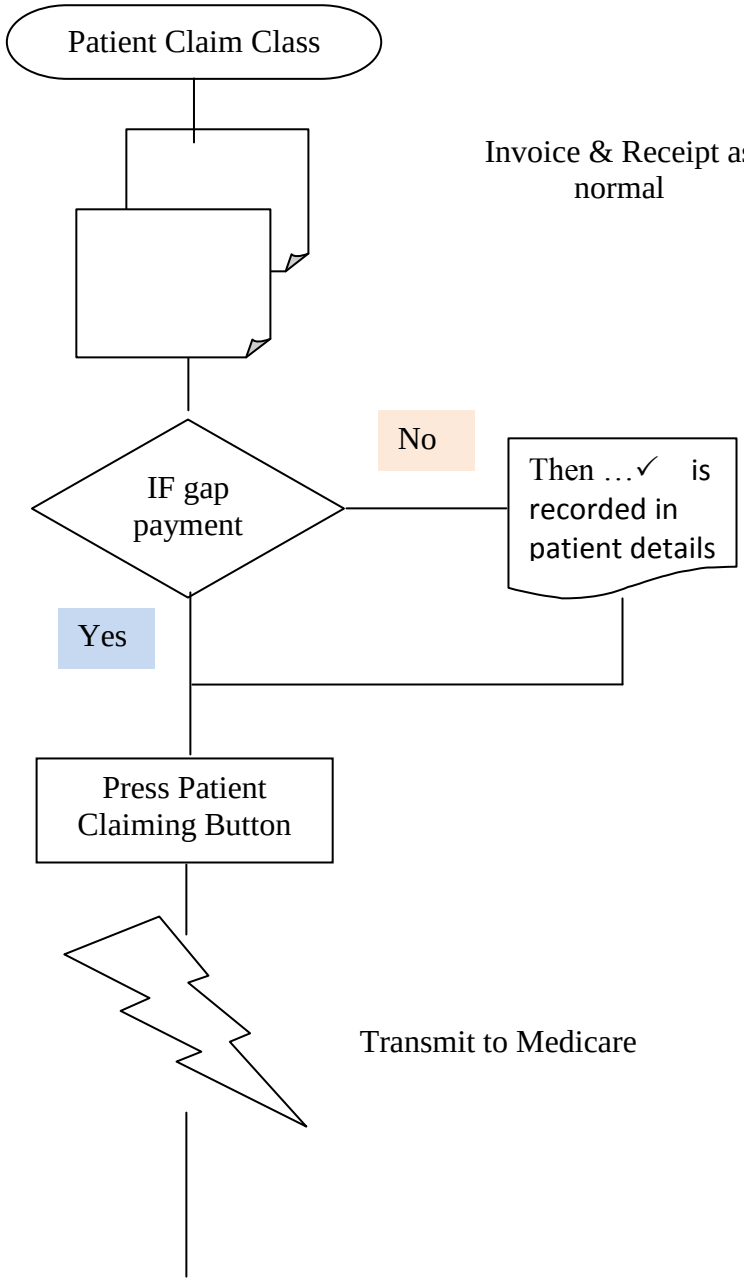
Electronic Patient Claiming Information Flow



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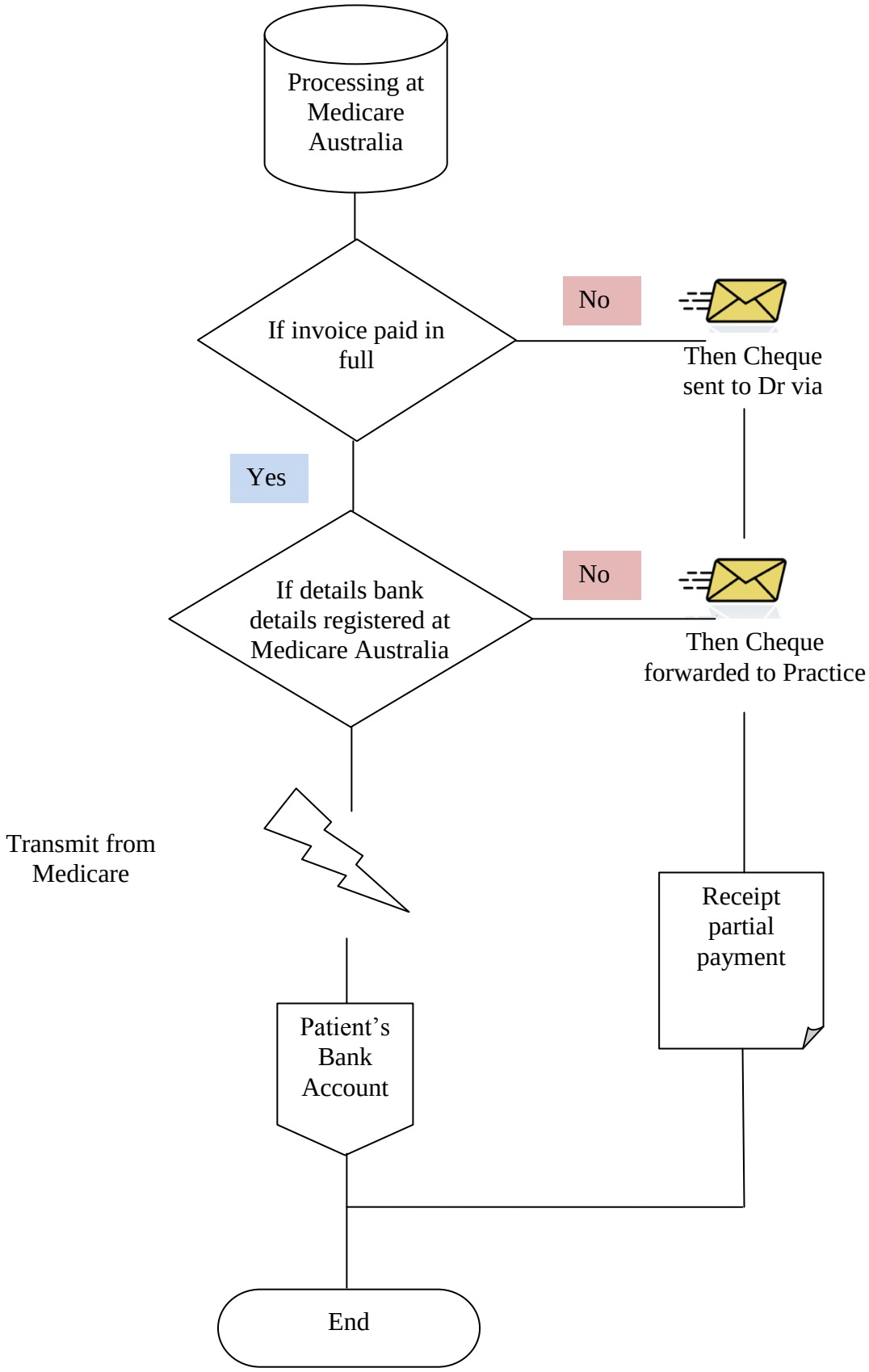

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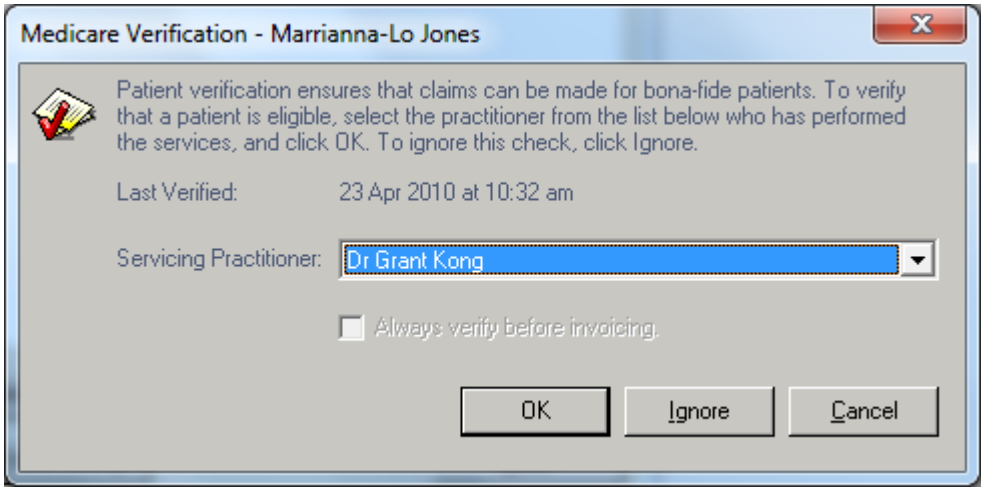
Creating the Claim

This particular section outlines how to lodge an electronic patient claim when there is a distinct class called Patient Claim (or a title to that effect). If electronic patient claiming has been associated with another class, the procedure is identical: Simply create the invoice in the associated class – typically the Private Class.

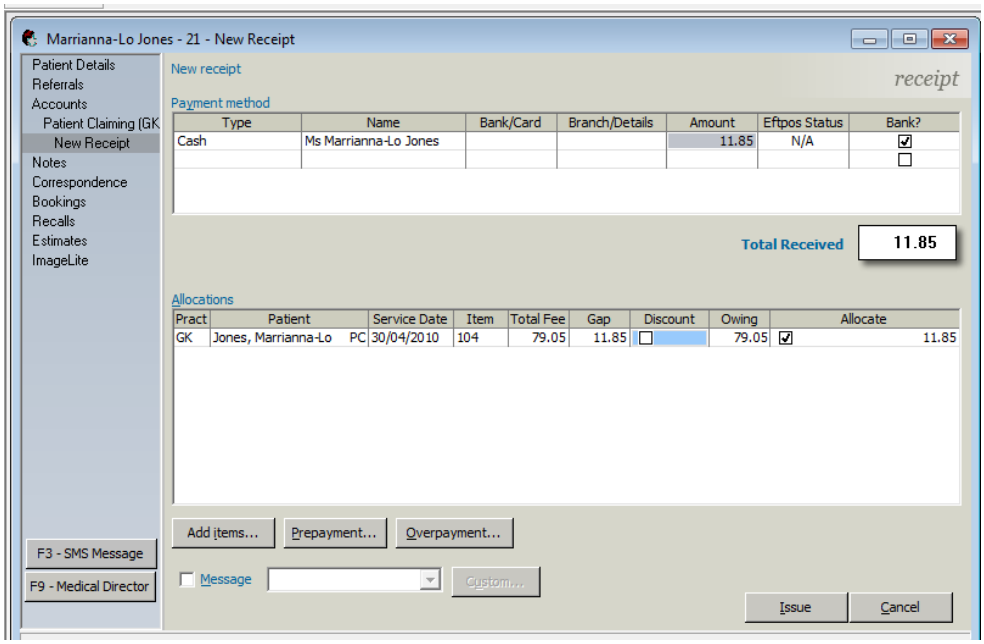
1. Create an invoice as normal.

The Medicare verification box may appear should verification be configured to do so before billing a patient.


Medicare Verification - Marrianna-Lo Jones
Patient verification ensures that claims can be made for bona-fide patients. To verify that a patient is eligible, select the practitioner from the list below who has performed the services, and click OK. To ignore this check, click Ignore.
Last Verified:
23 Apr 2010 at 10:32 am
Servicing Practitioner:
Dr Grant Kong
Always verify before invoicing.
OK
Ignore
Cancel

2. Receipt the invoice.

   In this case the patient is paying the gap. This process will differ slightly from the scenario where the patient is paying the amount in full.



3. Issue the Receipt

   The receipt is showing that a part payment has been received.

4. Click Patient Claim

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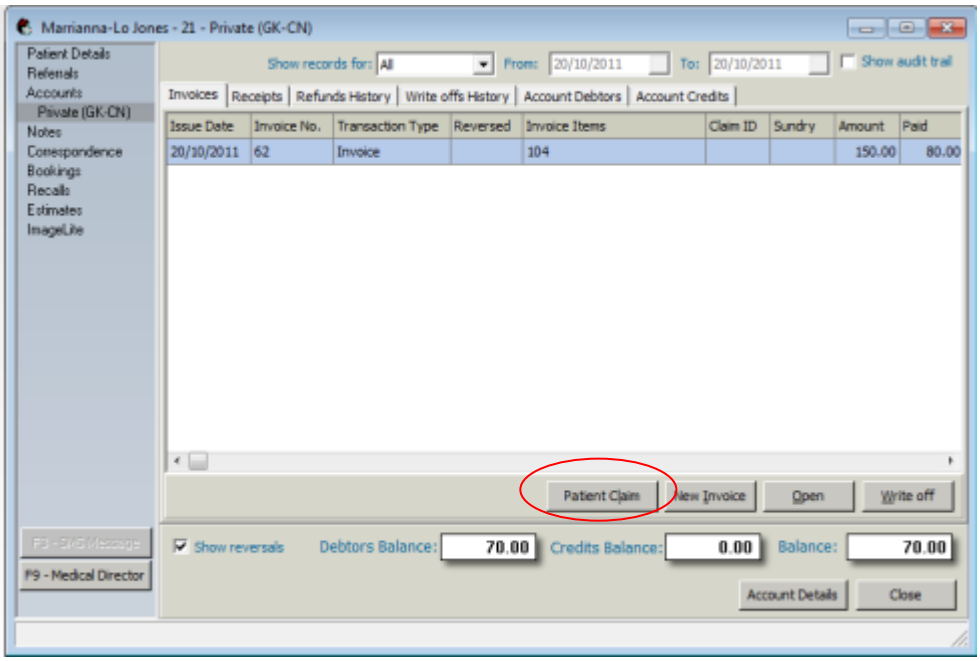

At this screen, Medicare advises clicking the 'Use Medicare Address' option. Regardless of whether the patient has had their EFT details recorded with Medicare, leave the Payment Type as Cheque. Medicare will override this selection should the patient need to be reimbursed from Medicare (in the situation where they have paid the invoice in full) and had their EFT details registered.

Medicare advises for practices **not to record** patient's EFT details. Patients should register their EFT details directly with Medicare.

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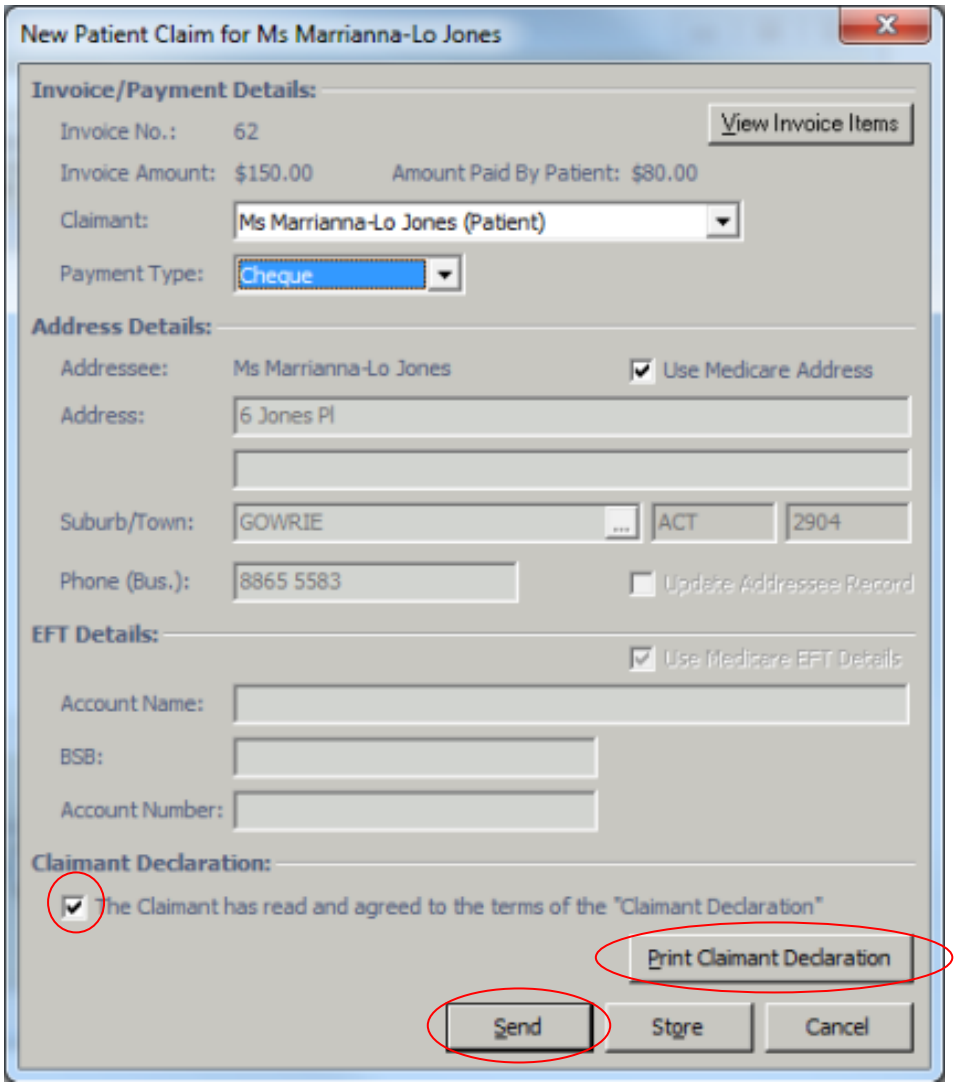

5. Click to select the Claimant Declaration
6. Click Send

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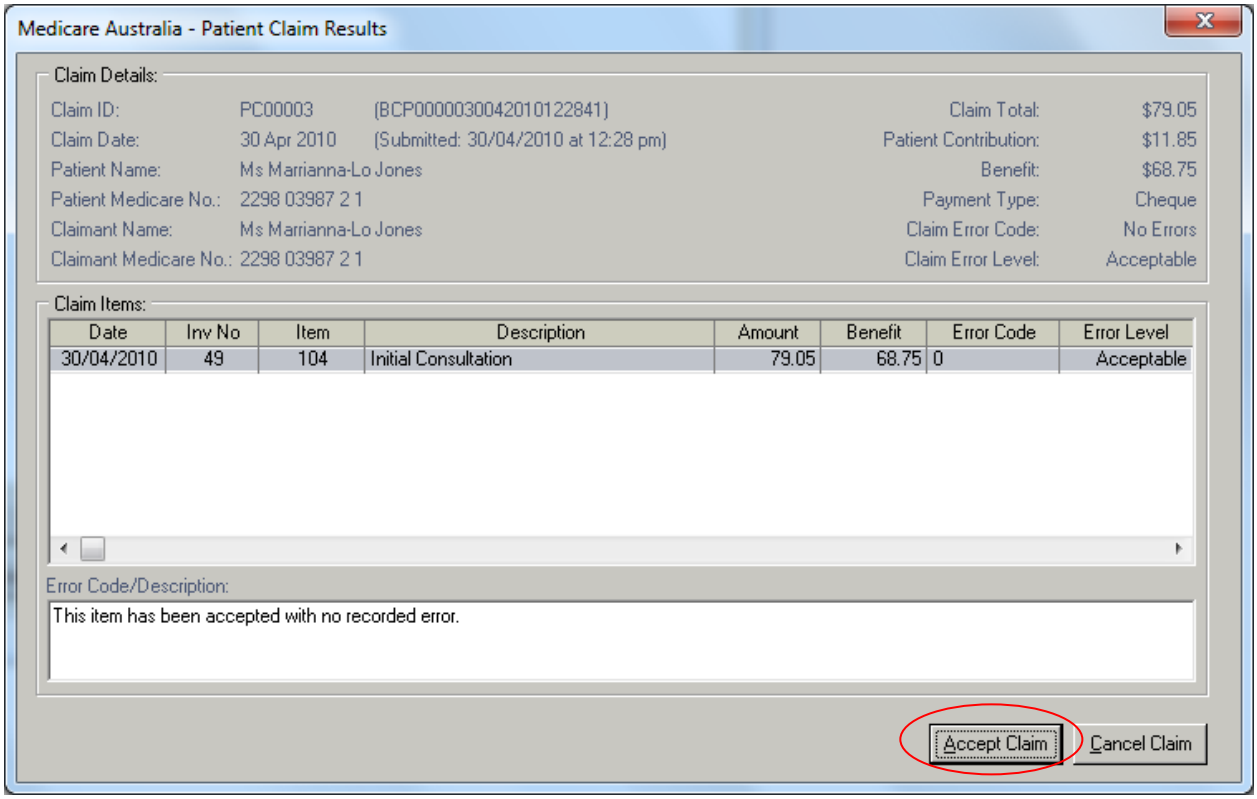
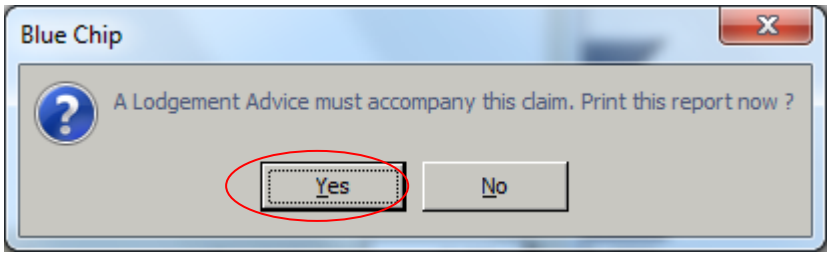

Medicare Australia - Patient Claim Results
Claim Details:
Claim ID: PC00003 (BCP00000300420101228 41)
Claim Date: 30 Apr 2010 (Submitted: 30/04/2010 at 12:28 pm)
Patient Name: Ms Marrianna-Lo Jones
Patient Medicare No.: 2298 03987 2 1
Claimant Name: Ms Marrianna-Lo Jones
Claimant Medicare No.: 2298 03987 2 1
Claim Total: $79.05
Patient Contribution: $11.85
Benefit: $68.75
Payment Type: Cheque
Claim Error Code: No Errors
Claim Error Level: Acceptable
Claim Items:
Date Inv No Item Description Amount Benefit Error Code Error Level
30/04/2010 49 104 Initial Consultation 79.05 68.75 0 Acceptable
Error Code/Description:
This item has been accepted with no recorded error.
Accept Claim
Cancel Claim

7. Click Accept Claim
8. Click Yes to Print the Statement of Claim and Benefit.



LODGEMENT ADVICE

Electronic Claim assessed by Medicare Australia
Please retain for Taxation Purposes

Location ID:	BCP00000	Claim Reference:	BCP00000300420101443 48
		Servicing Location:	HCN Demonstration System
			Level1, 40 Oxley Street,
			CROWS NEST NSW 2065
Patient Details:		Claimant Details:	
Medicare No:	2297 58234 2	Medicare No:	2297 58234 2
Ref No:	1	Ref No:	1
Name:	English Xpatriot	Name:	English Xpatriot
Date of Birth:	15/09/1975	Date of Birth:	15/09/1975
		Telephone No. (BH):	
		Address:	
This claim has been:	STORED FOR LATER TRANSMISSION		

Name of Practitioner who rendered the services:	Dr Bevan Ayers	Payee Provider:	Dr Bevan Ayers
Provider No:	2122361B	Payee Provider No:	2122361B
Requesting/Referring practitioner's name:	Lost referral	ACRF:	50
		LSPN:	14

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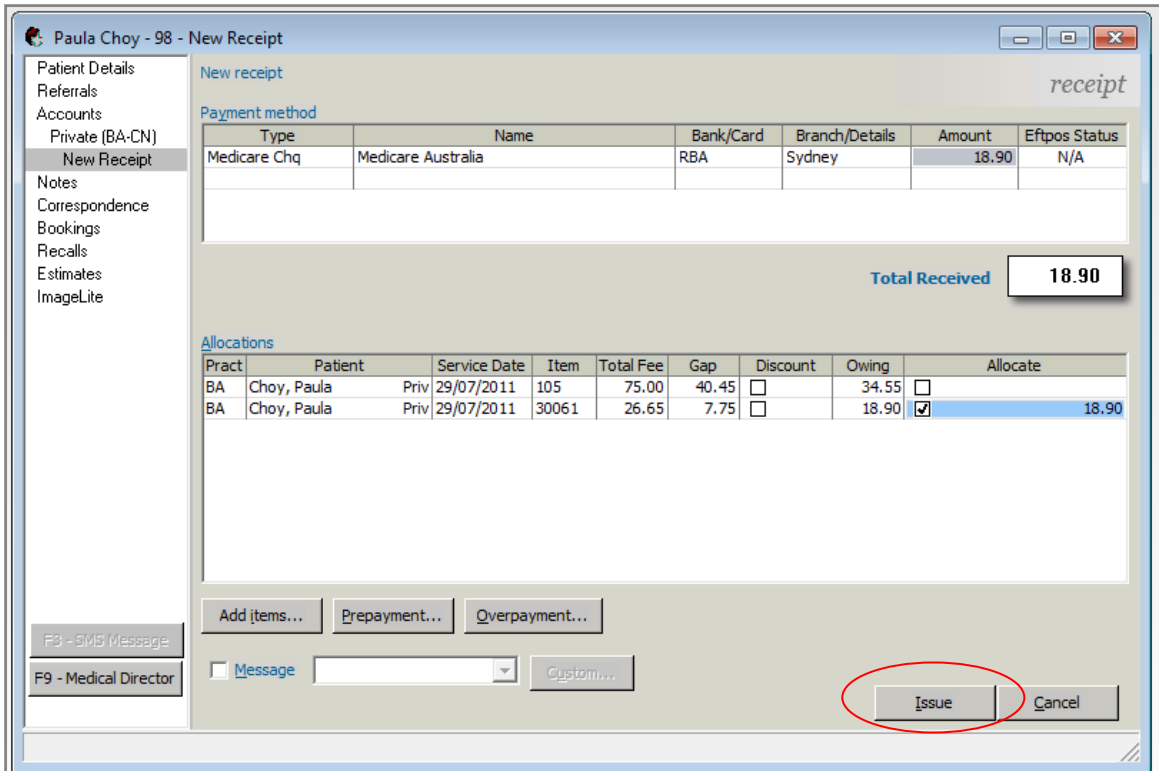
Customer Support: 1300 300 161 – Option 2

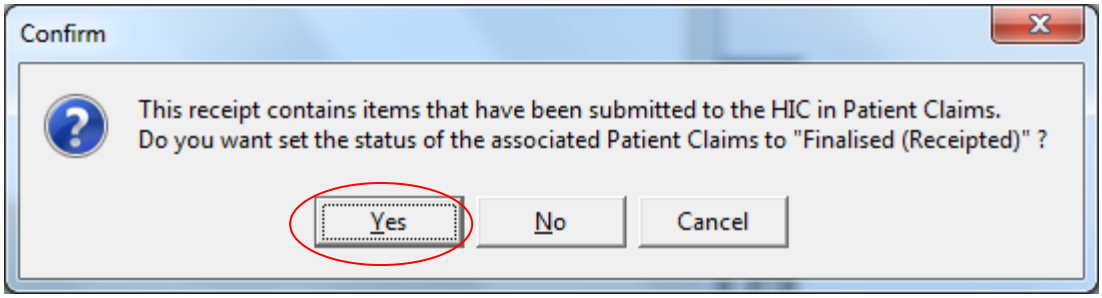
Receipting the Claim

This procedure presumes that the patient has forwarded the cheque onto the practice. Receipting of the Patient Claim occurs from within the patient's file, **not** the Medicare Australia window. This is because the claim is lodged electronically, the actually reimbursement is delivered via a variety of means (cheque or direct debit).

1. Click New Receipt
2. Complete the Receipt (as shown below)
   In this example, the 30061 or lower invoice will be finalised.



3. Click Issue


Confirm
This receipt contains items that have been submitted to the HIC in Patient Claims.
Do you want set the status of the associated Patient Claims to "Finalised (Receipted)" ?
Yes
No
Cancel

4. Click Yes to automatically receipt the claim in the Medicare Australia window.

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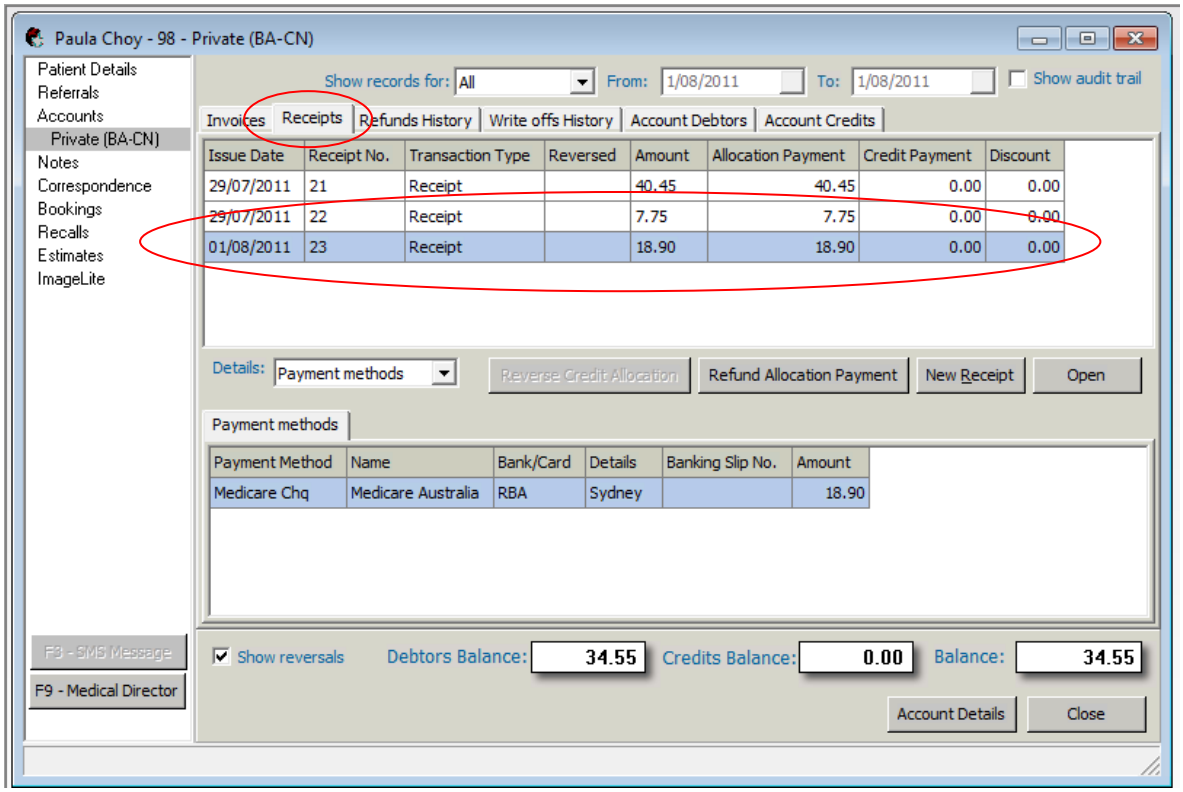
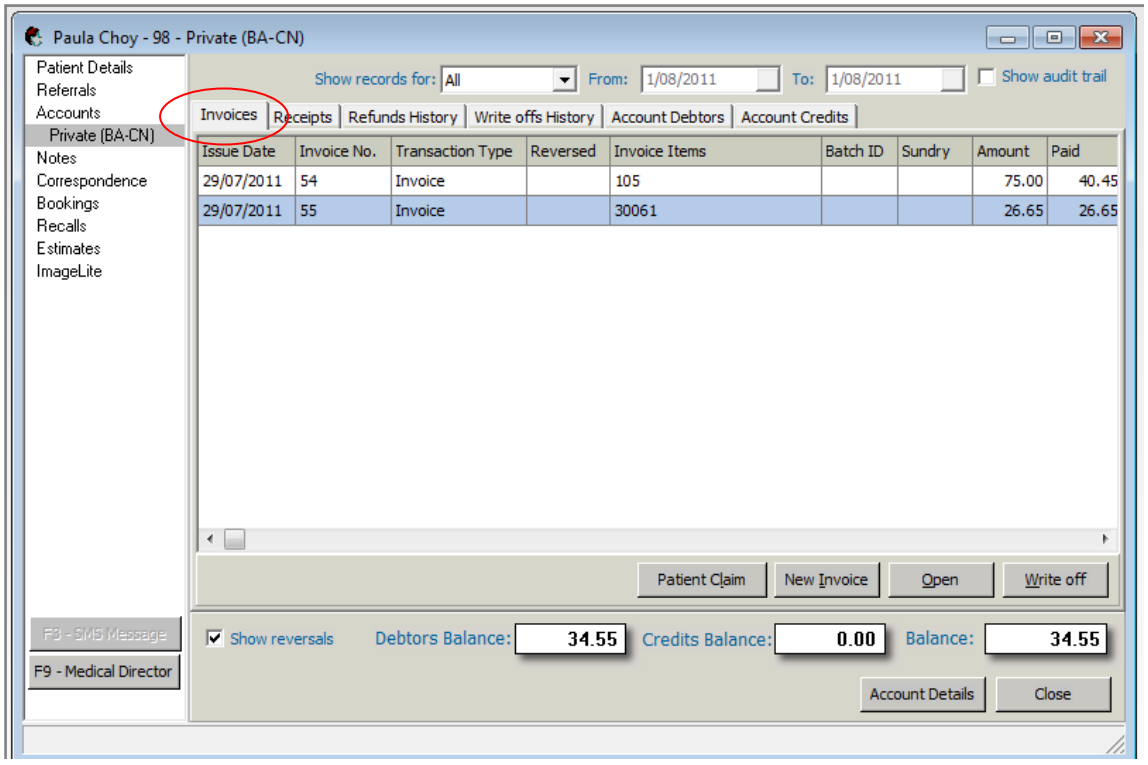
5. The patient's invoice is marked as paid.


Paula Choy - 98 - Private (BA-CN)
Patient Details
Referrals
Accounts
Private (BA-CN)
Notes
Correspondence
Bookings
Recalls
Estimates
ImageLite
Show records for: All
From: 1/08/2011
To: 1/08/2011
Show audit trail
Invoices
Receipts
Refunds History
Write offs History
Account Debtors
Account Credits
Issue Date | Receipt No. | Transaction Type | Reversed | Amount | Allocation Payment | Credit Payment | Discount
29/07/2011 | 21 | Receipt | | 40.45 | 40.45 | 0.00 | 0.00
29/07/2011 | 22 | Receipt | | 7.75 | 7.75 | 0.00 | 0.00
01/08/2011 | 23 | Receipt | | 18.90 | 18.90 | 0.00 | 0.00
Details: Payment methods
Reverse Credit Allocation
Refund Allocation Payment
New Receipt
Open
Payment methods
Payment Method | Name | Bank/Card | Details | Banking Slip No. | Amount
Medicare Chq | Medicare Australia | RBA | Sydney | | 18.90
F3 - SMS Message
F9 - Medical Director
Show reversals
Debtors Balance: 34.55
Credits Balance: 0.00
Balance: 34.55
Account Details
Close



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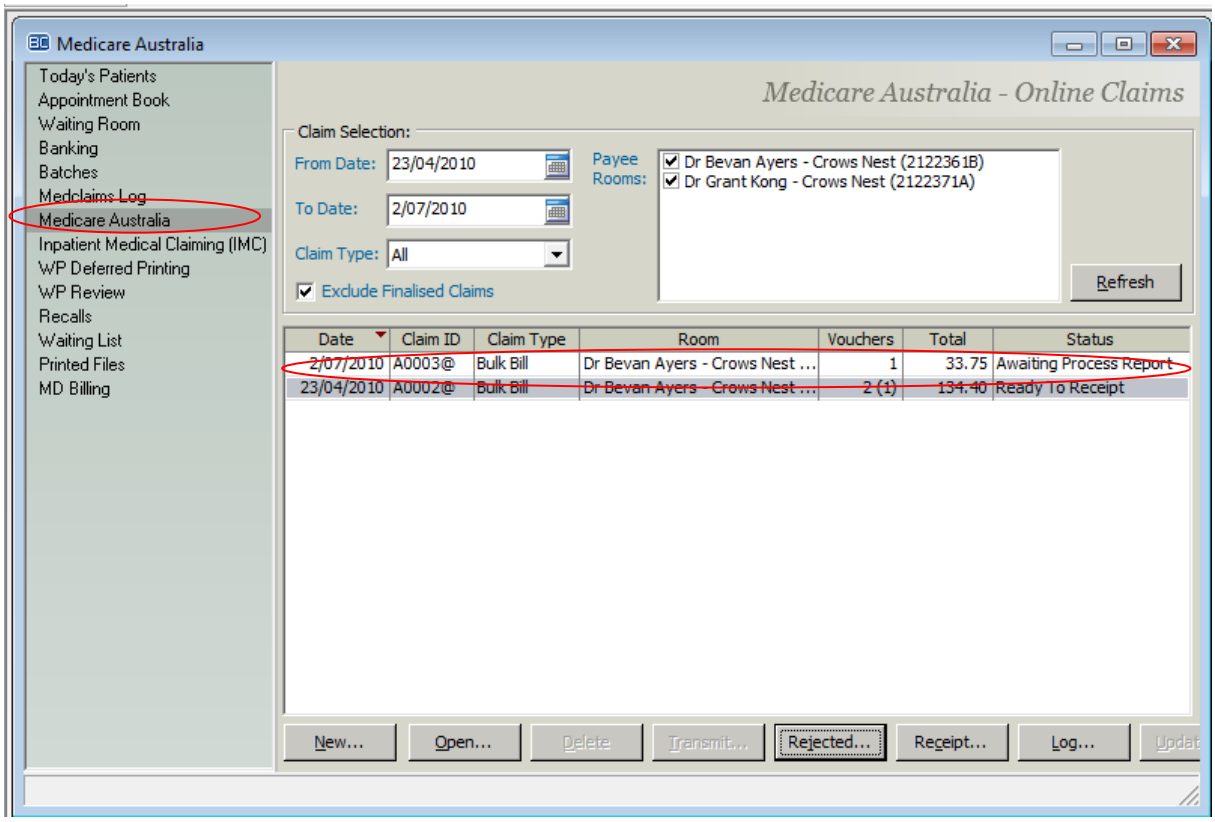
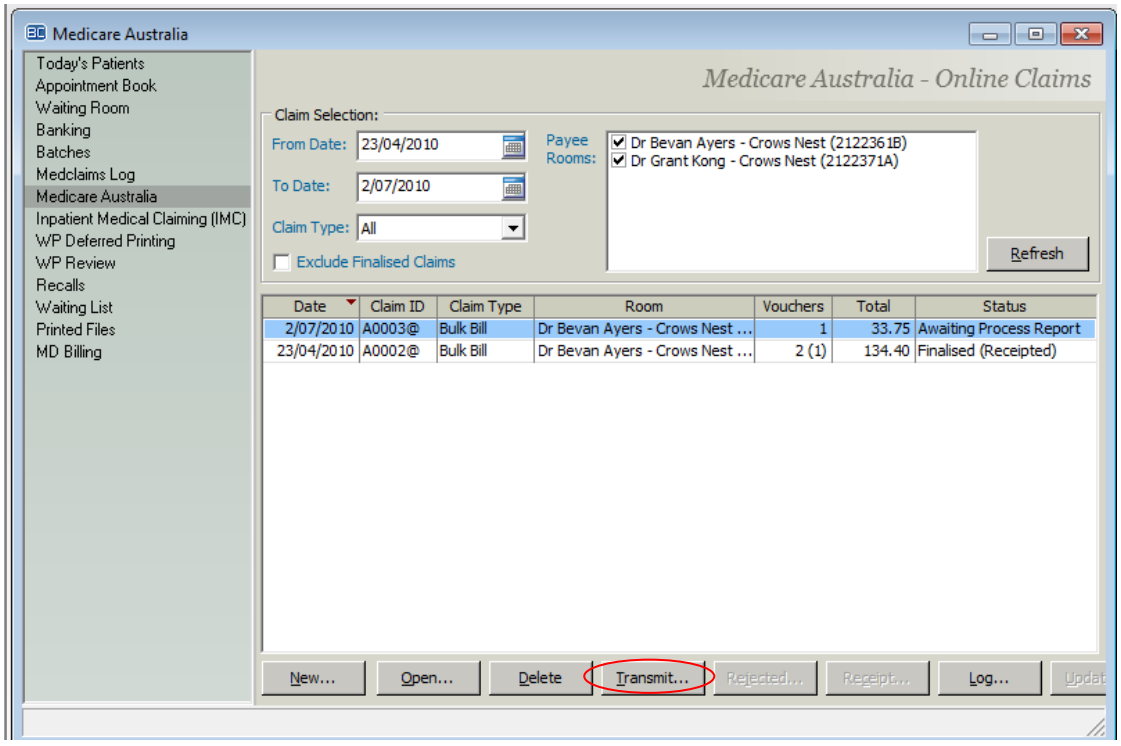
Customer Support: 1300 300 161 – Option 2

Handling Medicare Australia Rejections

1. Open the Medicare Australia option from the Practice Explorer


Medicare Australia
Today's Patients
Appointment Book
Waiting Room
Banking
Batches
Medclaims Log
Medicare Australia
Inpatient Medical Claiming (IMC)
WP Deferred Printing
WP Review
Recalls
Waiting List
Printed Files
MD Billing
Medicare Australia - Online Claims
Claim Selection:
From Date: 23/04/2010
To Date: 2/07/2010
Claim Type: All
Exclude Finalised Claims
Payee Rooms:
Dr Bevan Ayers - Crows Nest (2122361B)
Dr Grant Kong - Crows Nest (2122371A)
Refresh
Date | Claim ID | Claim Type | Room | Vouchers | Total | Status
2/07/2010 | A0003@ | Bulk Bill | Dr Bevan Ayers - Crows Nest ... | 1 | 33.75 | Awaiting Process Report
23/04/2010 | A0002@ | Bulk Bill | Dr Bevan Ayers - Crows Nest ... | 2 (1) | 134.40 | Ready To Receipt
New... Open... Delete Transmit... Rejected... Receipt... Log...

2. Select the claim


Medicare Australia
Today's Patients
Appointment Book
Waiting Room
Banking
Batches
Medclaims Log
Medicare Australia
Inpatient Medical Claiming (IMC)
WP Deferred Printing
WP Review
Recalls
Waiting List
Printed Files
MD Billing
Medicare Australia - Online Claims
Claim Selection:
From Date: 23/04/2010
To Date: 2/07/2010
Claim Type: All
Exclude Finalised Claims
Payee Rooms:
Dr Bevan Ayers - Crows Nest (2122361B)
Dr Grant Kong - Crows Nest (2122371A)
Refresh
Date | Claim ID | Claim Type | Room | Vouchers | Total | Status
2/07/2010 | A0003@ | Bulk Bill | Dr Bevan Ayers - Crows Nest ... | 1 | 33.75 | Awaiting Process Report
23/04/2010 | A0002@ | Bulk Bill | Dr Bevan Ayers - Crows Nest ... | 2 (1) | 134.40 | Finalised (Receipted)
New... Open... Delete Transmit... Rejected... Receipt... Log...

3. Click Transmit

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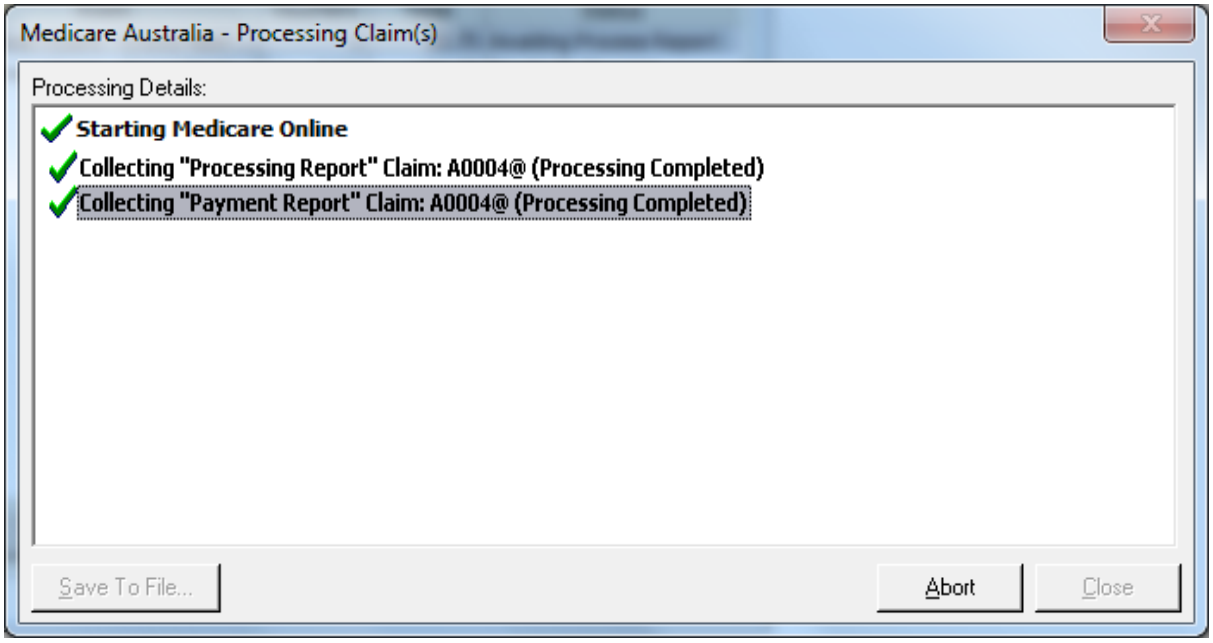
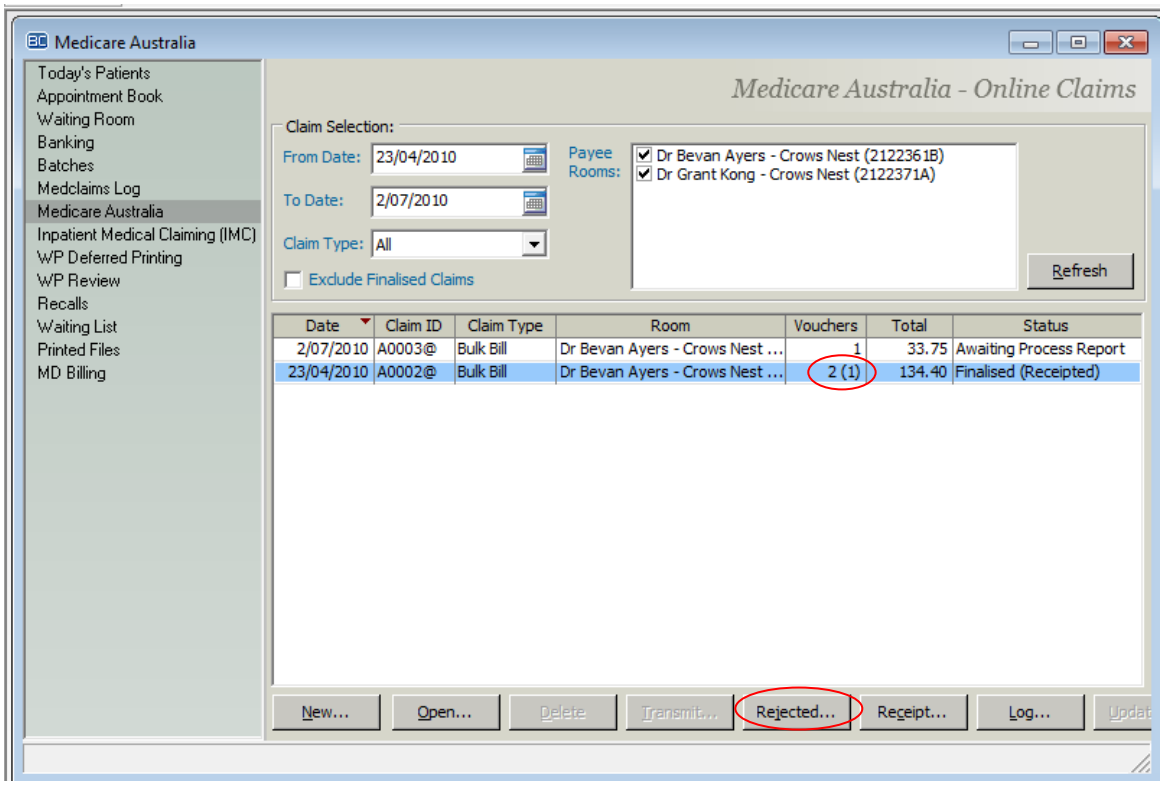


If a number appears in a bracket (1), this generally indicates the number of rejected items. Rejected items **must** be processed before receipting other items.

4. Select the claim with the rejected item
5. Click the Rejected button



The Rejected Items Error Code/Description screen displays a brief explanation as to why the claim was rejected.

The practice can then decide whether to resubmit the invoice (service text may be added if required) or alternatively you may elect to write off the invoice.

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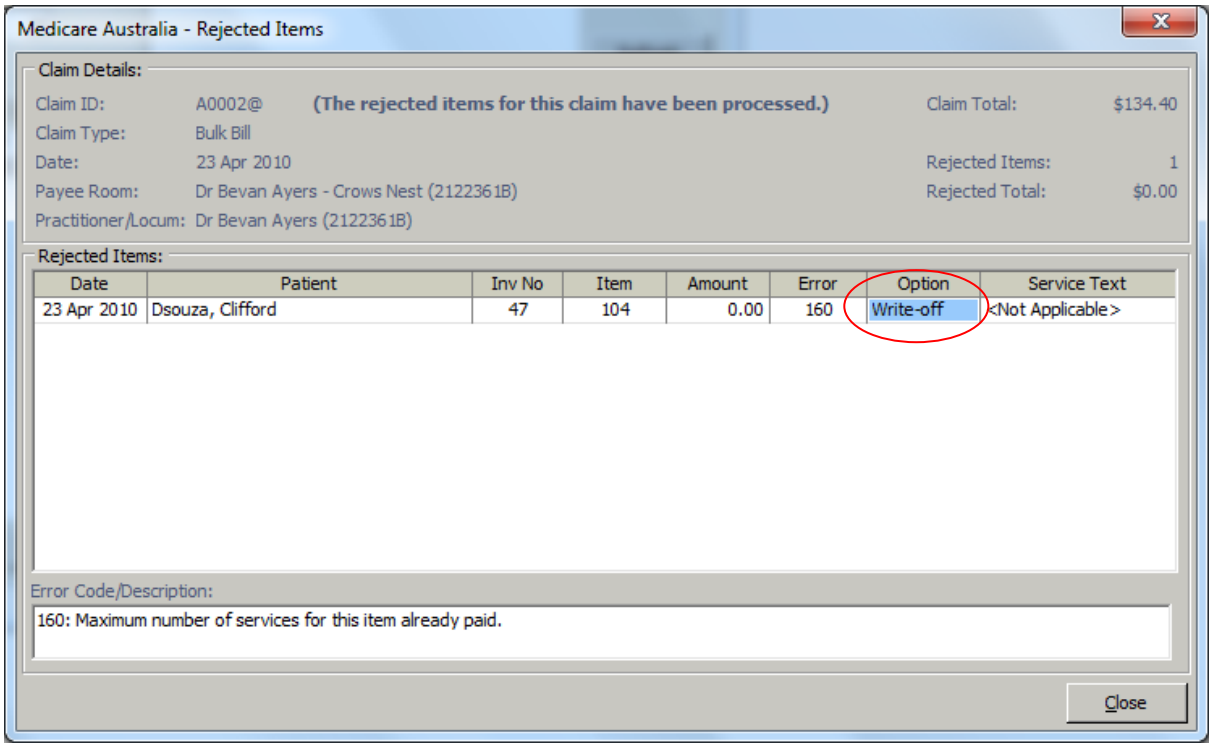
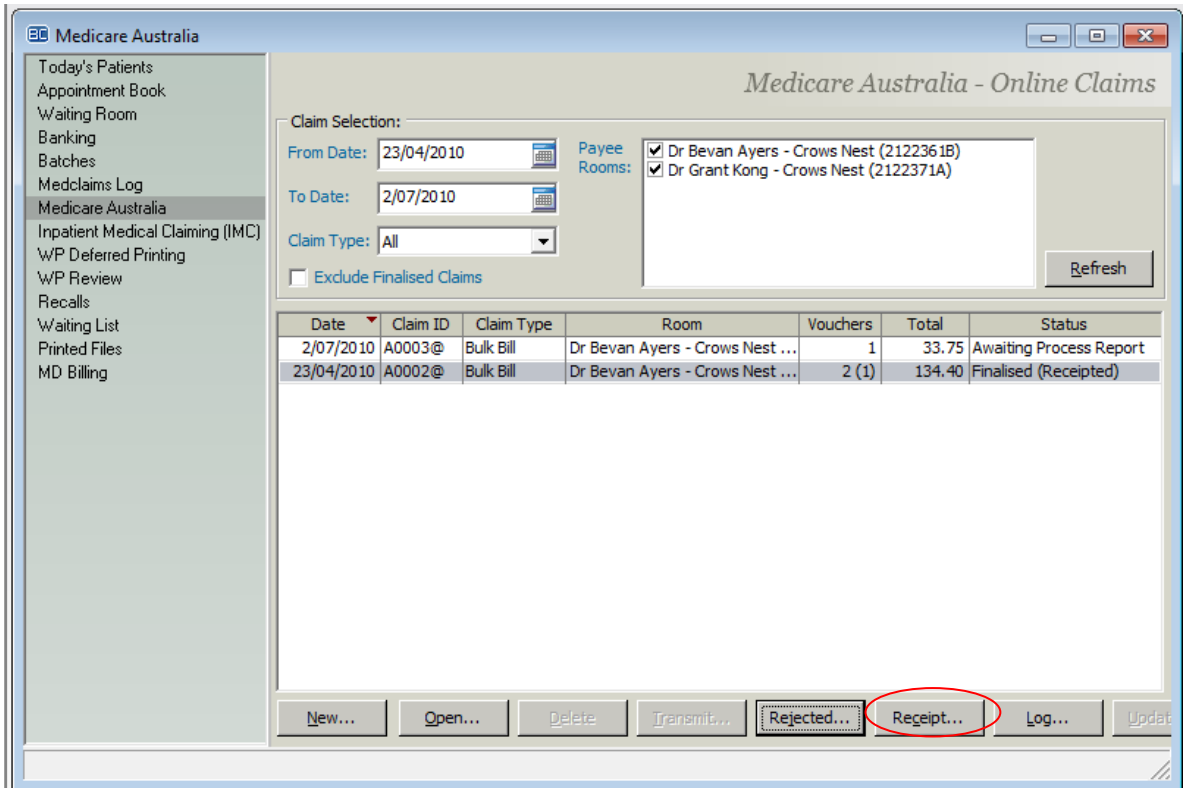

Medicare Australia - Rejected Items
Claim Details:
Claim ID: A0002@
(The rejected items for this claim have been processed.)
Claim Total: $134.40
Claim Type: Bulk Bill
Date: 23 Apr 2010
Rejected Items: 1
Payee Room: Dr Bevan Ayers - Crows Nest (2122361B)
Rejected Total: $0.00
Practitioner/Locum: Dr Bevan Ayers (2122361B)
Rejected Items:
Date Patient Inv No Item Amount Error Option Service Text
23 Apr 2010 Dsouza, Clifford 47 104 0.00 160 Write-off <Not Applicable>
Error Code/Description:
160: Maximum number of services for this item already paid.
Close

6. Double click the Option column to change between Resubmit and Write Off for each claim.
7. Click OK.
8. Click Yes to confirm processing of the rejected claims.

This will return to the main Medicare Australia screen.



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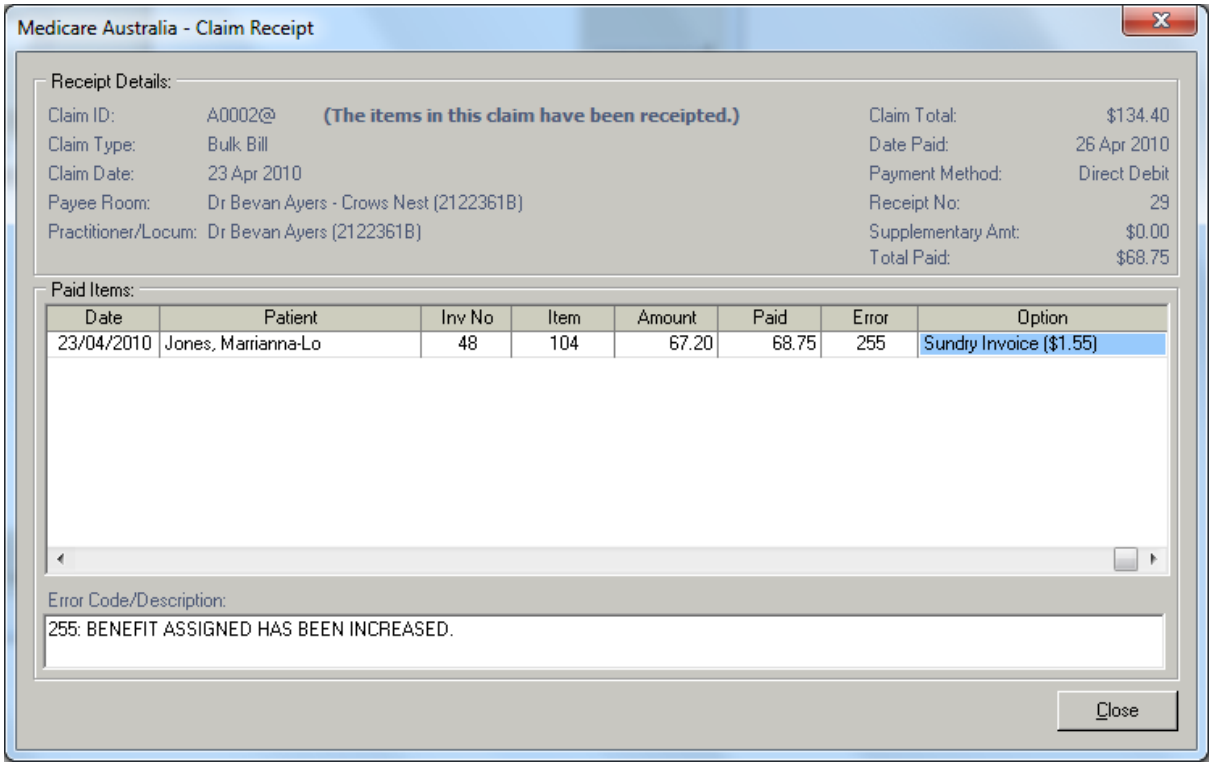
9. Click Receipt to settle the valid claims.


Medicare Australia - Claim Receipt
Receipt Details:
Claim ID: A0002@ (The items in this claim have been receipted.)
Claim Type: Bulk Bill
Claim Date: 23 Apr 2010
Payee Room: Dr Bevan Ayers - Crows Nest (2122361B)
Practitioner/Locum: Dr Bevan Ayers (2122361B)
Claim Total: $134.40
Date Paid: 26 Apr 2010
Payment Method: Direct Debit
Receipt No: 29
Supplementary Amt: $0.00
Total Paid: $68.75
Paid Items:
Date Patient Inv No Item Amount Paid Error Option
23/04/2010 Jones, Marrianna-Lo 48 104 67.20 68.75 255 Sundry Invoice ($1.55)
Error Code/Description:
255: BENEFIT ASSIGNED HAS BEEN INCREASED.
Close

10. Click OK

There can be many reasons why a claim has been rejected and as such, numerous corrective measures for dealing with each type of rejection are employed. **Call Blue Chip support (1300 300 161 option 2) for assistance**. They will identify what measure needs to be employed to validate the rejected claim (if it can be) and instruct step-by-step how to accomplish this.

When the claim has been altered and is ready to be resent:

11. Navigate back to the Medicare Australia screen
12. Click New

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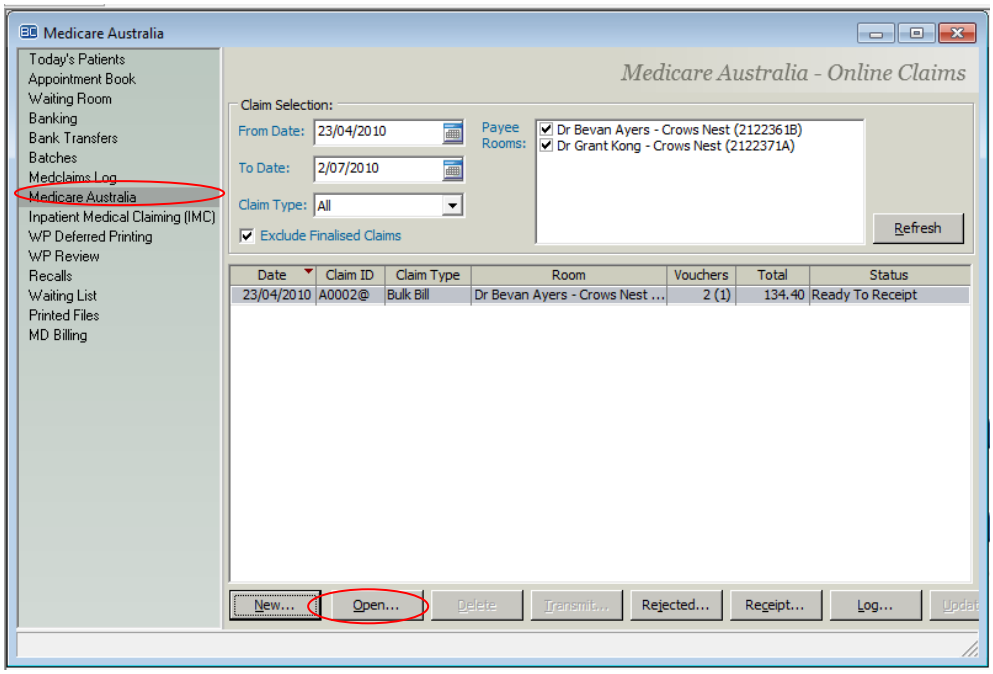

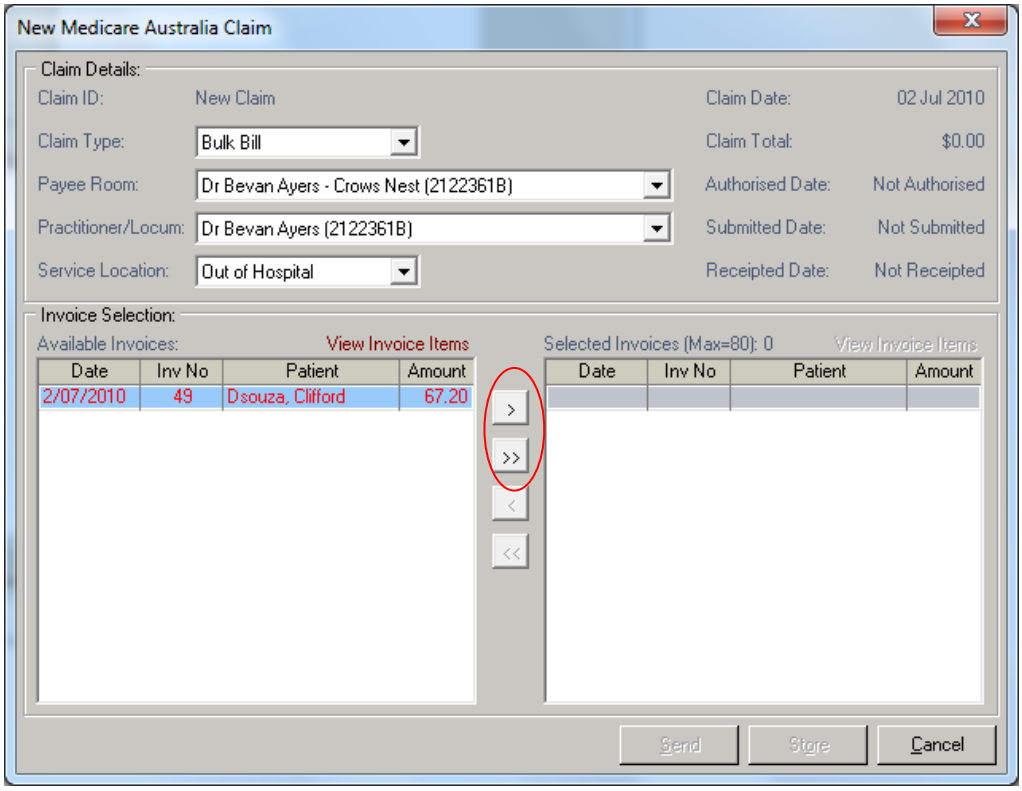

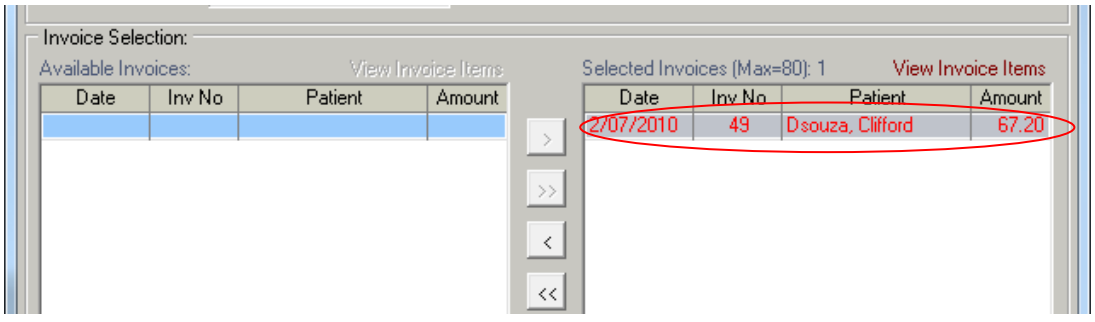

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13. Move the altered claims (which are coloured red) to the right panel by clicking the > (singular) or >> (multiple) buttons
14. Click Send to resend the claims to Medicare.

Medicare Australia Claim Status

Claim Status	Description and Action(s) Required
Awaiting Authorisation	To authorise the claim, open it, and select either "Send" if you want to immediately send the claim to the Medicare Australia, or "Store" to authorise and store it for later submission. Authorised claims that are stored will have a status of "Awaiting Submission"
Awaiting Submission	A claim with this status is waiting to be sent to the Medicare Australia. Click on the "Transmit" button to submit the claim.
Awaiting Process Report	The processing report is available within 3 business days of the claim being transmitted to Medicare Australia and details any exceptions arising from the processing of the claim. Information contained in this report can be used to allow resubmission of items that have no payments made against them. This allows these items to be reprocessed without waiting for the Payment Report to be received. Click on the "Transmit" button to retrieve the Processing Report.
Awaiting Payment Report	A claim with this status has successfully retrieved the processing report and is waiting for the payment report. The payment report is available within 6 business days of the claim being transmitted to Medicare Australia and details the deposit information for payments made to the practitioner in respect of the claims. Once received, Blue Chip can then create receipts and other entries (allocations, write-offs, sundry invoices) to finalise the claim. Click on the "Transmit" button to retrieve the Payment Report.
Ready To Receipt	Successful receipt of the payment report will allow receipting to be completed for the claim.
All Rejected	All items in this claim have been rejected. Click on the "Rejected…" button at Medicare Australia Online Claims window to process these items
Finalised (Receipted)	The claim has been finalised. No further action is required.
Finalised (All rejected)	The claim has been finalised. No further action is required.
Same Day Delete	The claim has been deleted. No further action is required.

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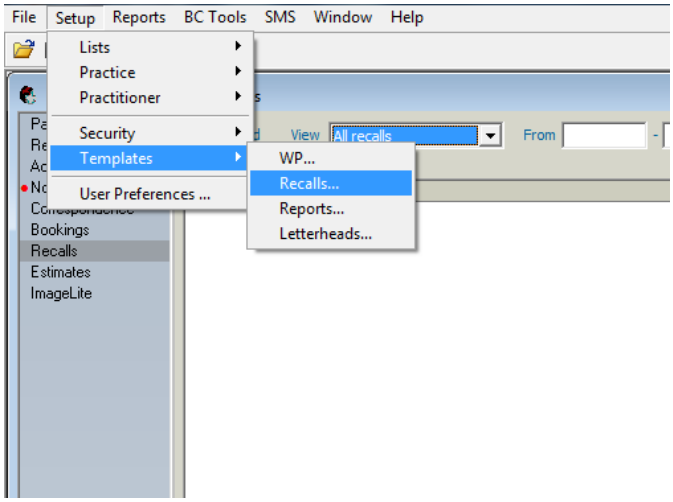
Recalls

Patients can be assigned to a recall program in 2 ways, either from within the Patient's file via the Patient Details screen or through Practice Explorer.

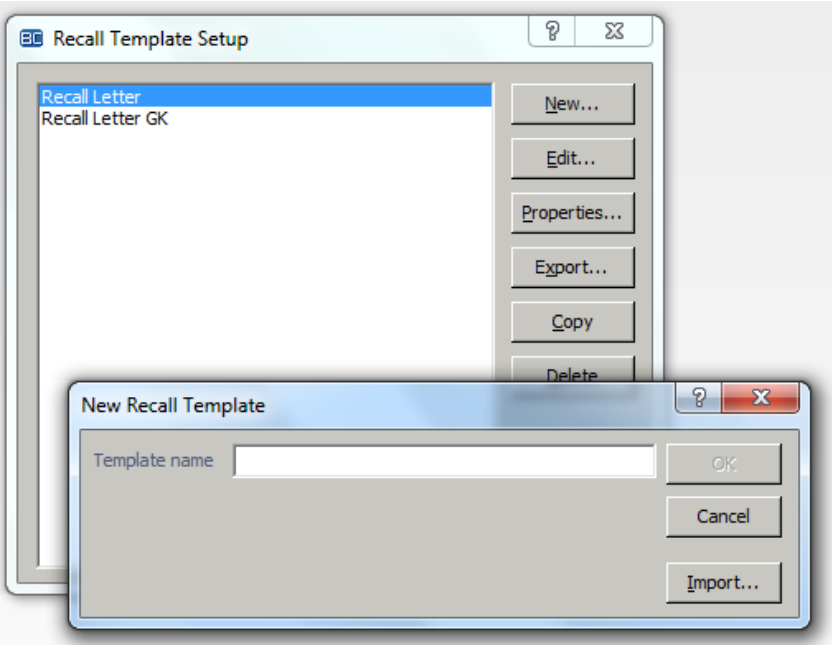
Practices must however first create different types of Recalls and associated templates to help identify whether the patients will be contacted via phone or via Mail.

Creating Recall Templates:

Select Setup from the Tool Bar → Select Templates → Select Recalls



To create a new Recall template, Click on New and give your template a name (i.e. Pap Smear 24 months). Click OK



Add your letterhead, content of document and required Patient Fields that you would like automatically brought into the document (for more information on how to create a template see creating WP templates)

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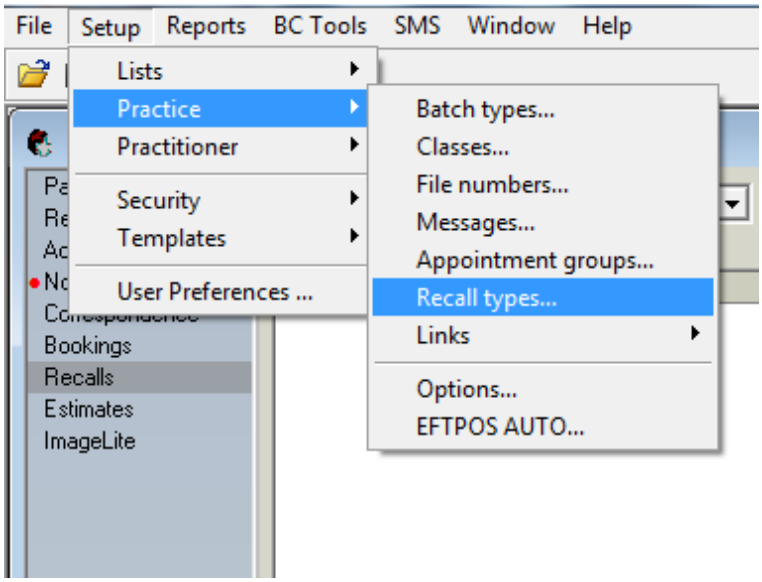
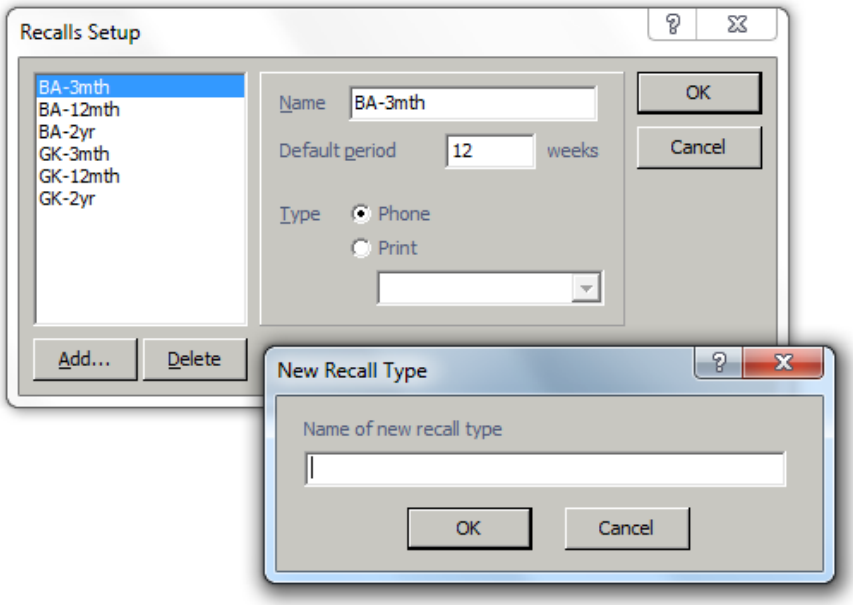
Creating Recall types:

Select Setup from the Tool Bar → Select Practitioner → Select Recall Types



Click on the Add Button and give your Recall Type a Name. Click OK



Define your Recall Type by Identifying the Default Period in weeks and select by clicking inside the Phone or Print options as to whether you wish to contact the patient via Phone or Mail.

If you have opted to contact the patient via Mail, then you must select from the drop down list of templates offered. (in this case your Pap Smear 24 month recall)

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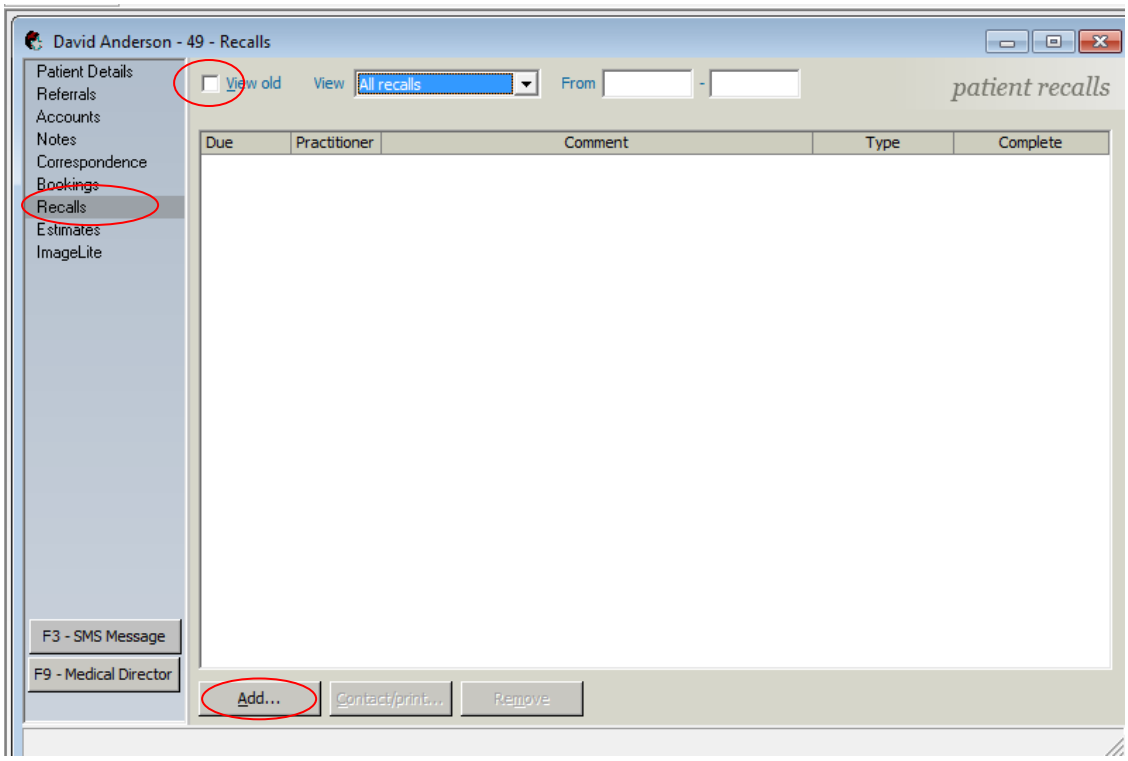
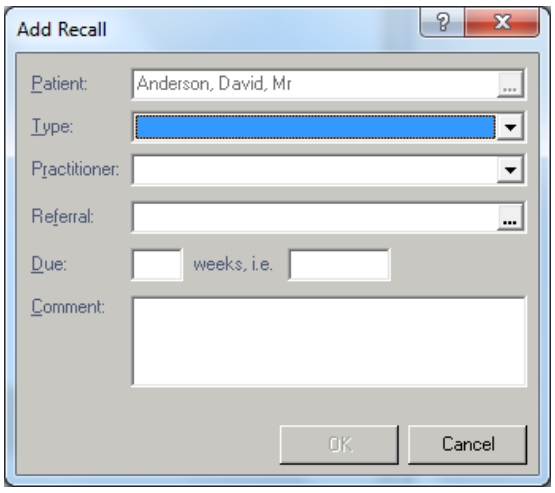
Assigning a patient to a recall from within the Patient's File



In this screen, all of the current recalls are listed. Old recalls can be viewed by checking the 'View Old' box. If there are numerous recalls, a date range can be specified.

To add the Patient to a recall program

1. Click ADD



2. Select the Type of Recall from the drop down list (previously defined in the document)
3. Select the Practitioner from the drop down list – this will automatically bring across the referral details associated with the selected practitioner's accounts and can be used to display within the Recall Letter

   The number of weeks and date will be automatically calculated by the Recall type.

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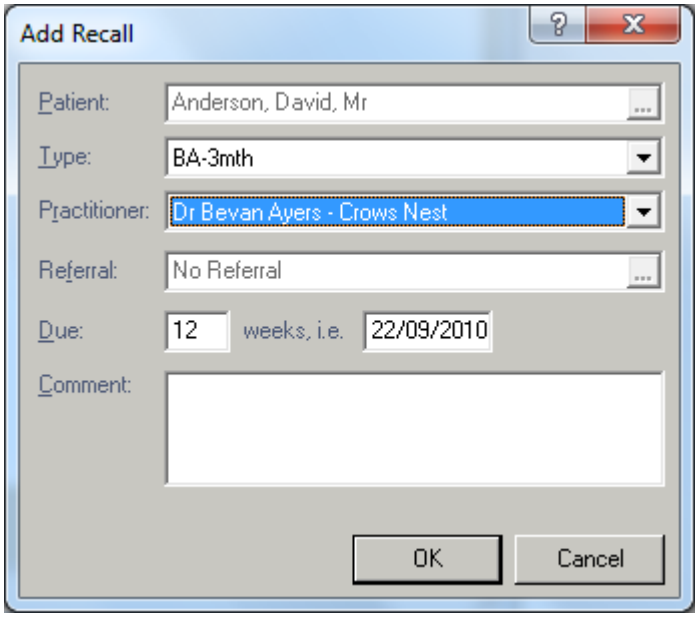
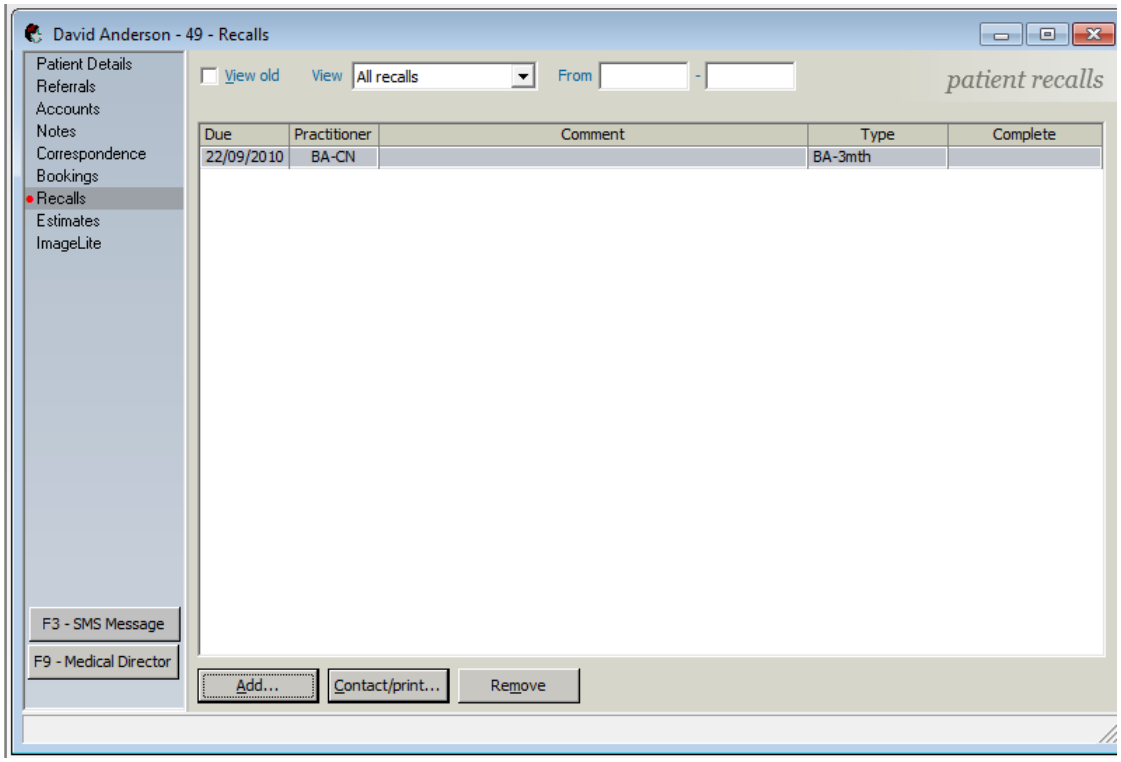


4. Click OK



The recall now appears in the Patient Details. Note the red circle next to Recalls in the Margin Menu.

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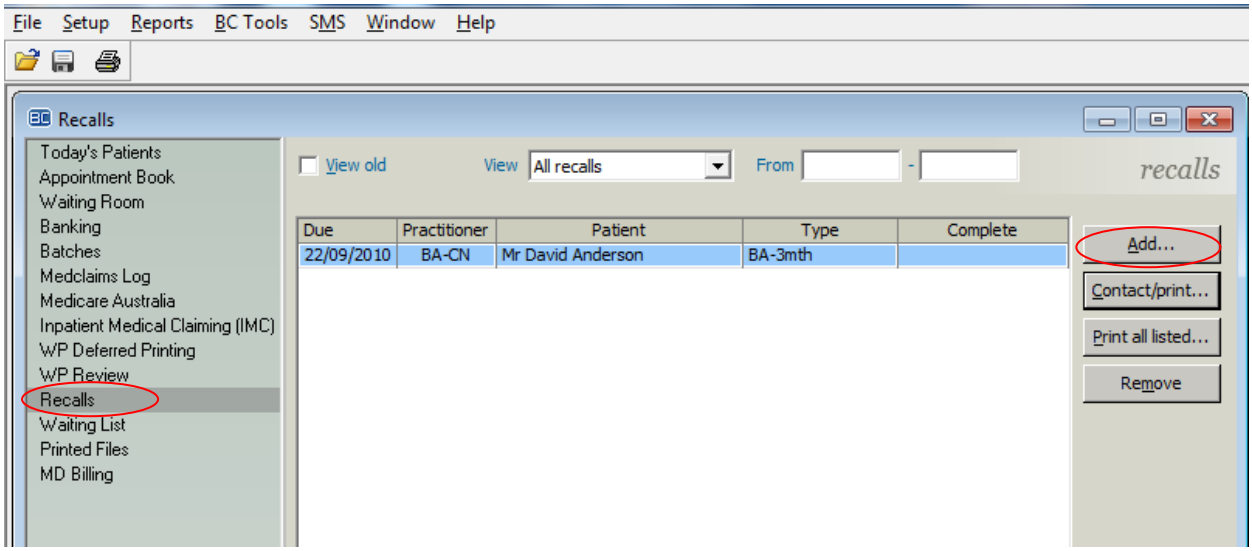
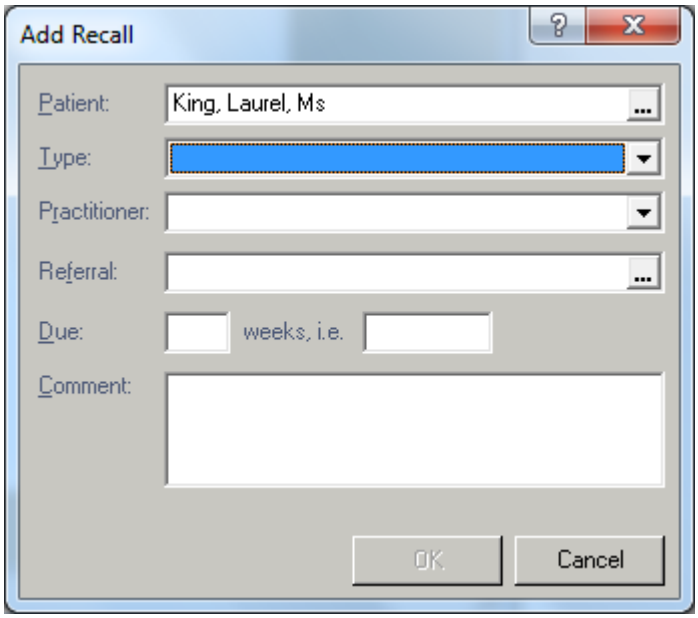
Assigning a patient to a recall from the Practice Explorer

1. From Practice Explorer, Click Recall



2. Click Add

3. Enter the patient (either type the Surname and press [Tab] or click the 3 dot button ... and select the patient from the search facility)



4. Select the type of recall from the drop down list

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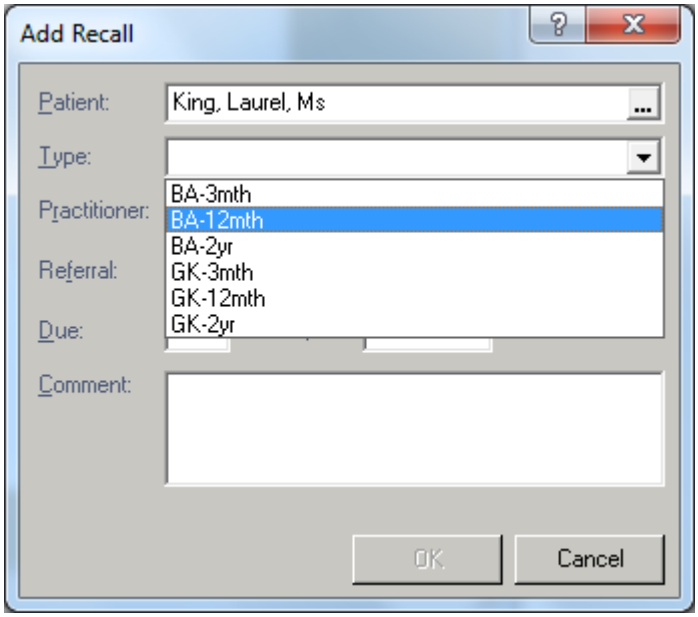
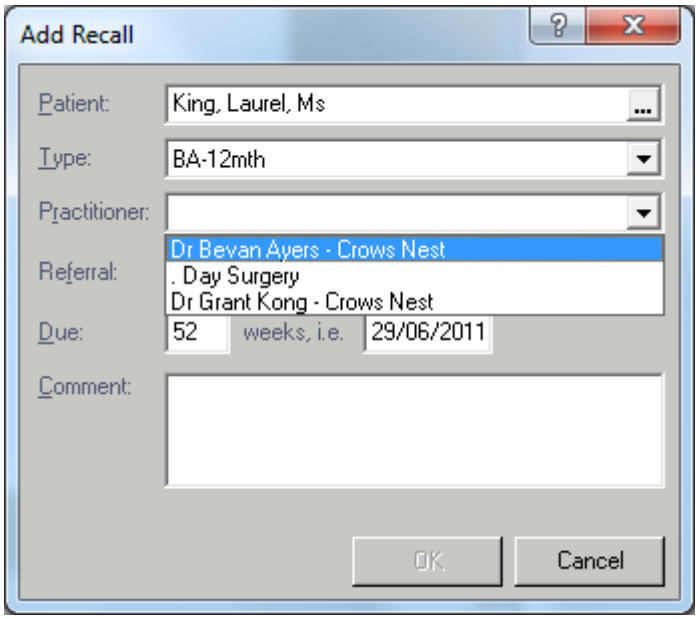


5. Select the practitioner from the drop down list (this is based upon the registered doctors)



The referral information will automatically appear if it is current. If the patient has multiple referrals, click the 3 dot button ... to select the correct referral for the recall

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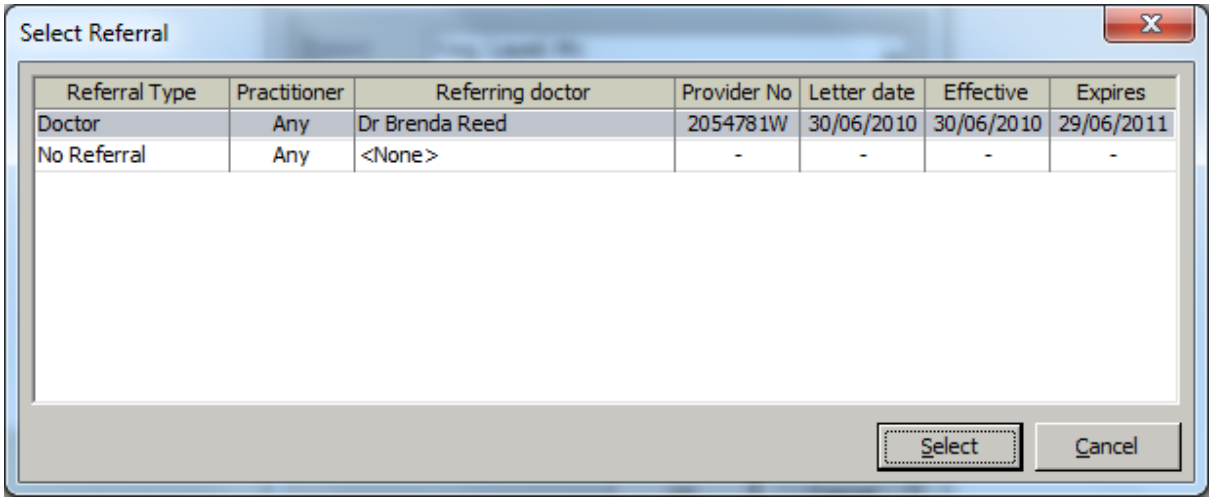
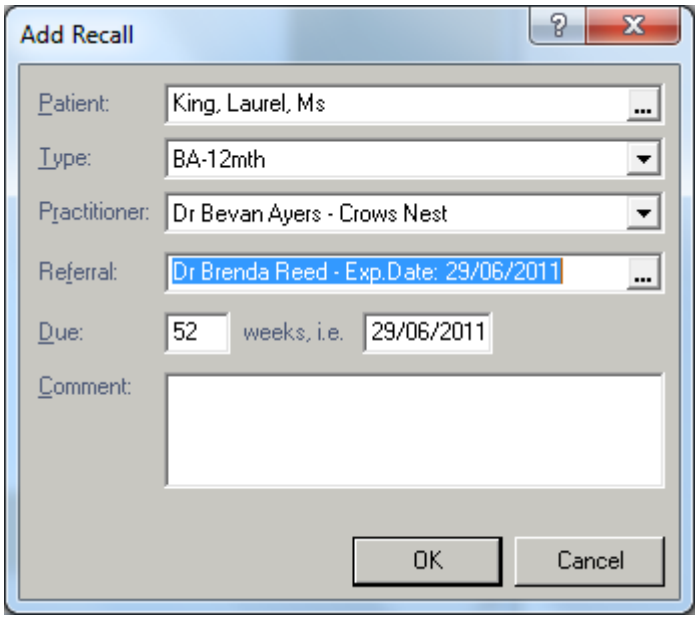
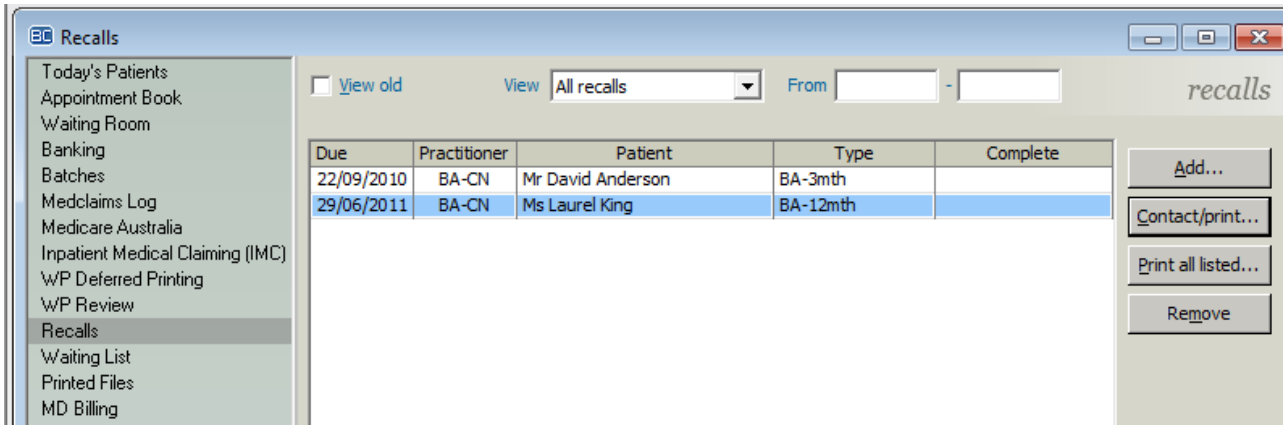


The date of the referral is displayed as with the letter date, effective date and expiry date.



The due xx weeks and date fields are linked. By changing the xx weeks will automatically calculate the date field and vice-versa. Add a comment if one is required.

6. Press OK



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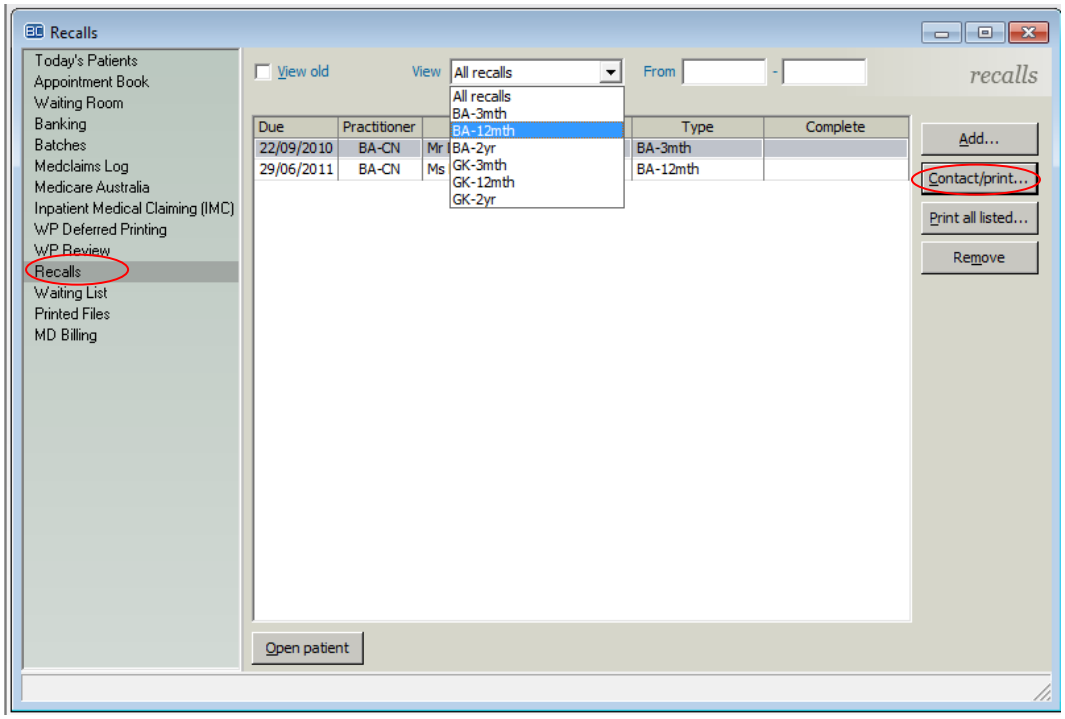
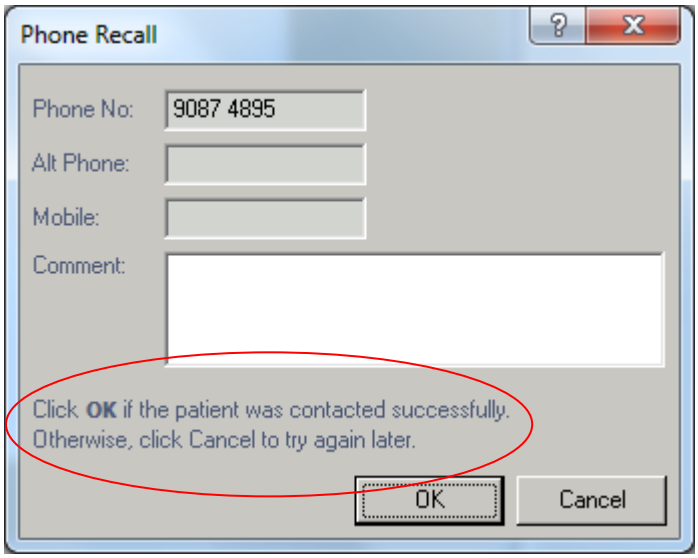
Enacting a Telephone based Recall program

1. From Practice Explorer click Recall.

   All of the recalls will appear. Select the desired recall program to enact.



2. Click the Contact/print button



Note the advise on the diaglogue screen

If the Cancel button is clicked, the Recall screen appears unaltered.

If the OK button is clicked, the name is removed from the Recall screen (having been contacted). The Recall information still appears in the patient's file.

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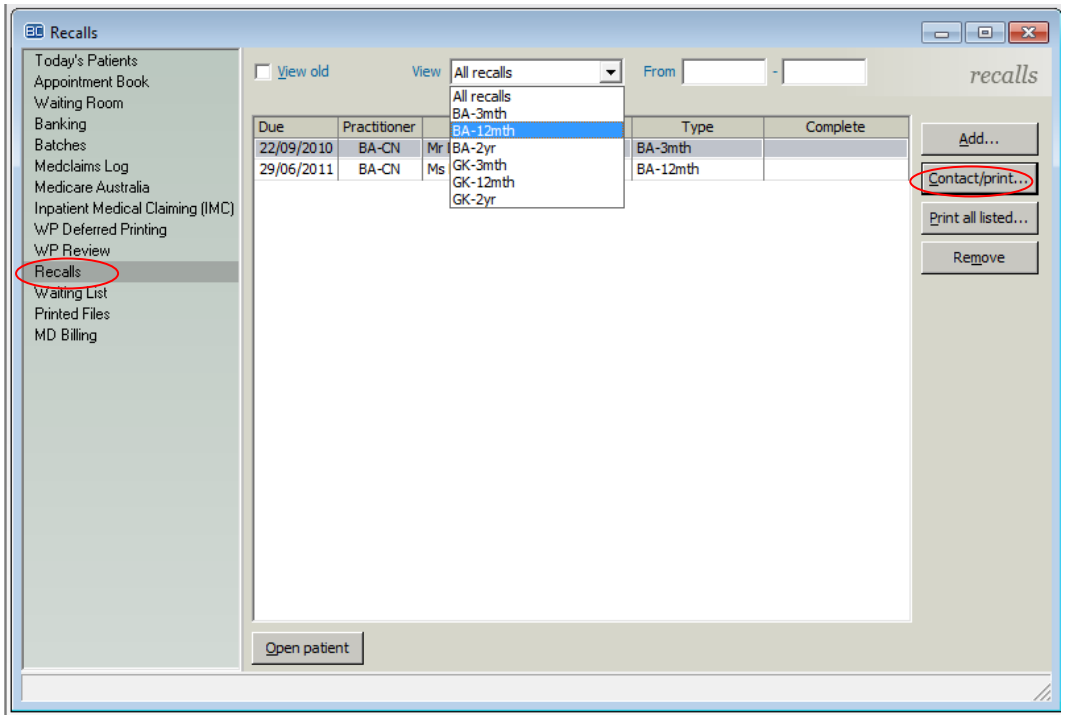
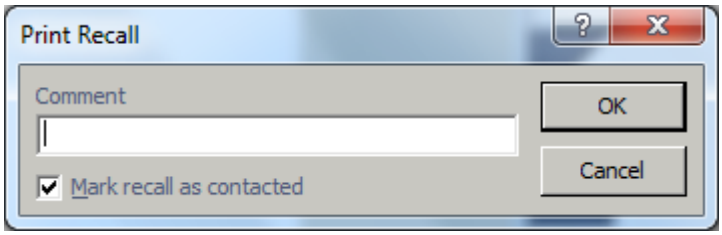
Enacting a Print based Recall Program

1. From Practice Explorer click Recall.

   All of the recalls will appear. Select the desired recall program to enact.



2. Click the Contact/print button



The screen allows for a comment. The check box indicates that once the letter is printed, it will be sent and delivered therefore the patient is deemed to be contacted.

3. Click OK

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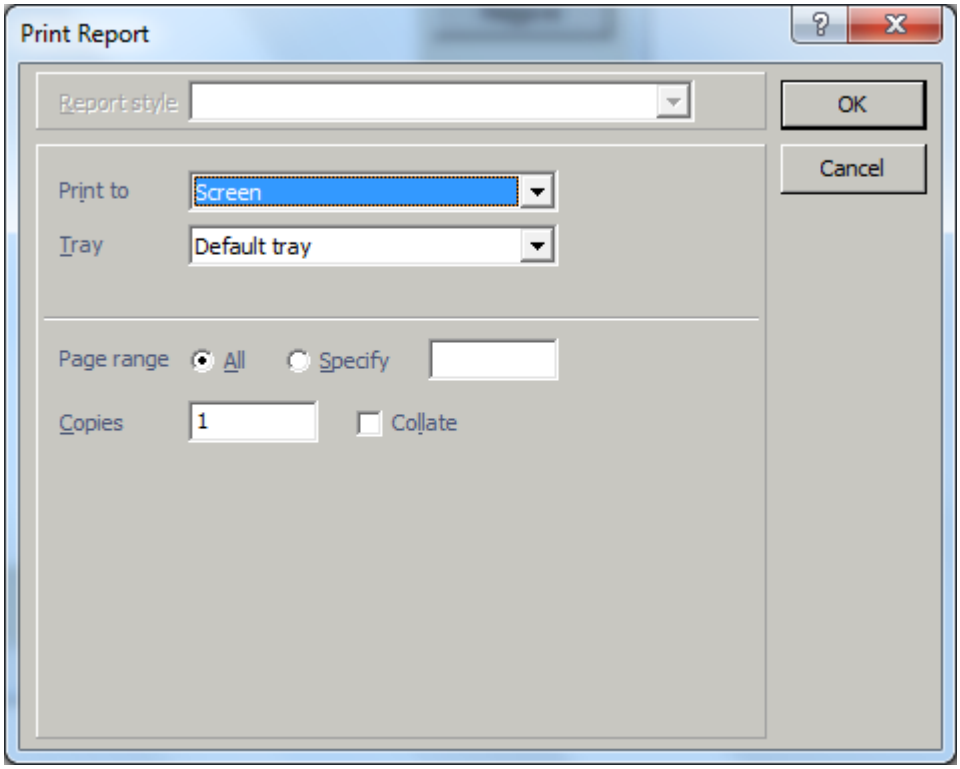

4. Set the printer destination then click OK

DR BEVAN AYERS
MB BS, FRCS, FRACS
Provider Number: 2122361B

40 Oxley Street
CROWS NEST 2065

Telephone: 02 9960 6663
Facsimile: 02 4734 3233

26 July 2006

Ms Laurel King
1 Short St
CANBERRA ACT 2600

Dear Ms King

You will recall that at your last visit with me, I asked you to return for a routine check-up. Our records indicate that it is now time to arrange that return visit.

Please contact my secretary on 02 9960 6663, to arrange a suitable time for an appointment. If you have any queries, please do not hesitate to contact my secretary, who will make every endeavour to assist you.

Kind regards
Yours sincerely

After the letter has been printed, the patient's name is removed from the Recall list

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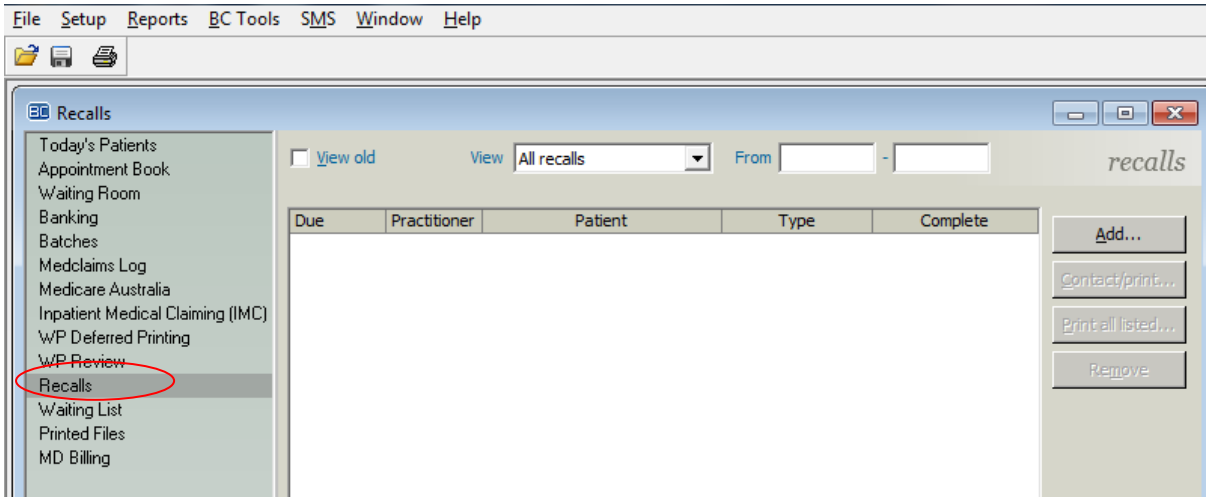
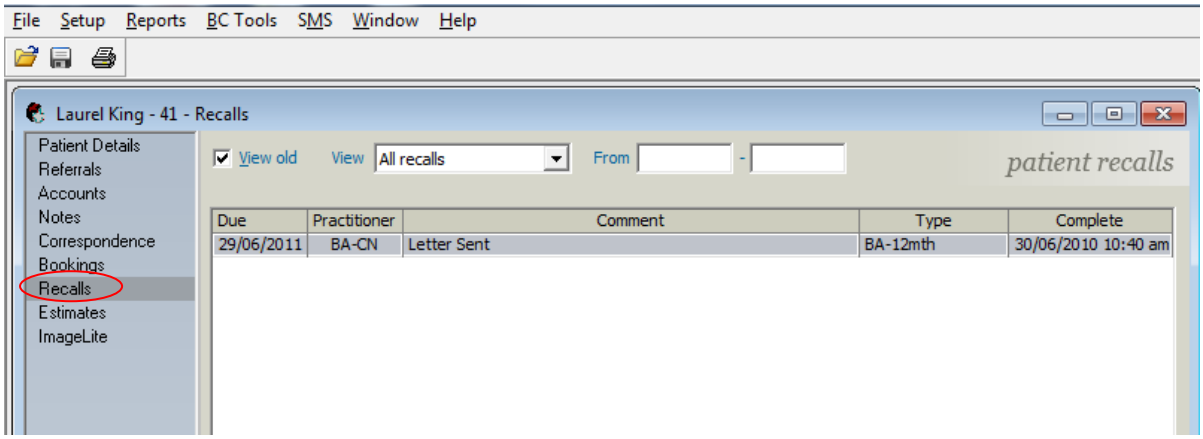


When the patient has been marked as Contacted, their name is removed from the Recall screen in Patient Explorer AND the red circle is removed and details are placed in 'old recalls' in the recalls section of Patient Details.



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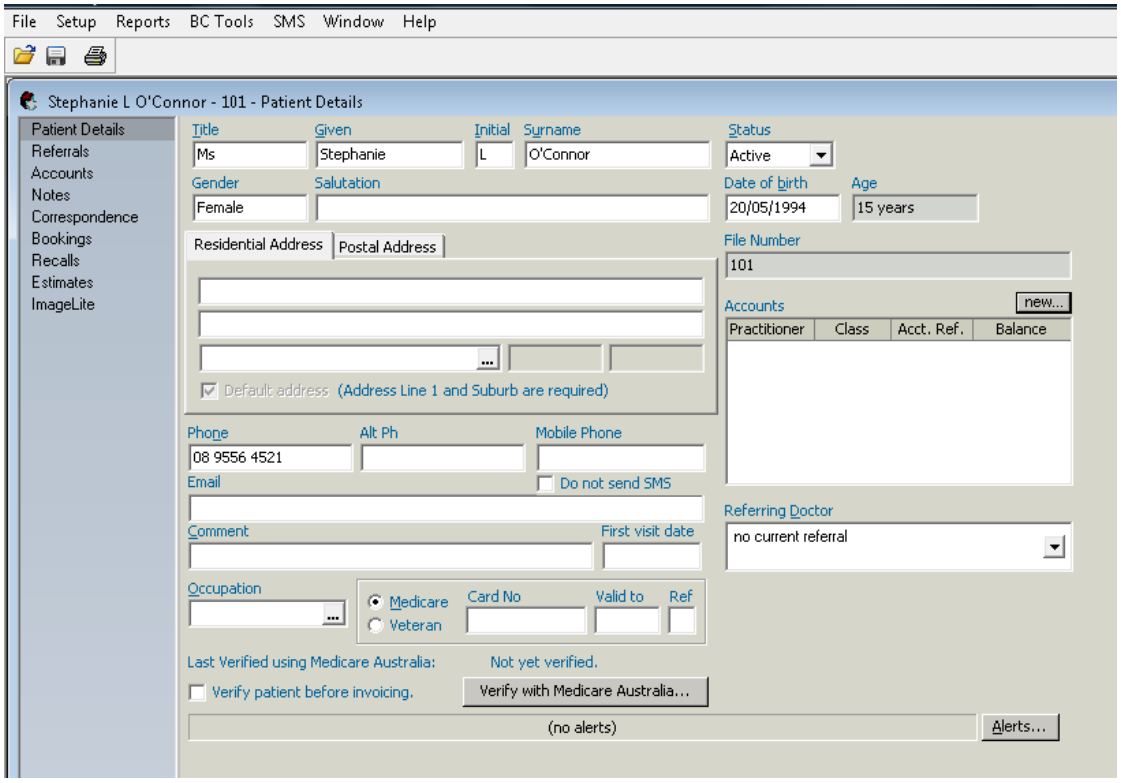
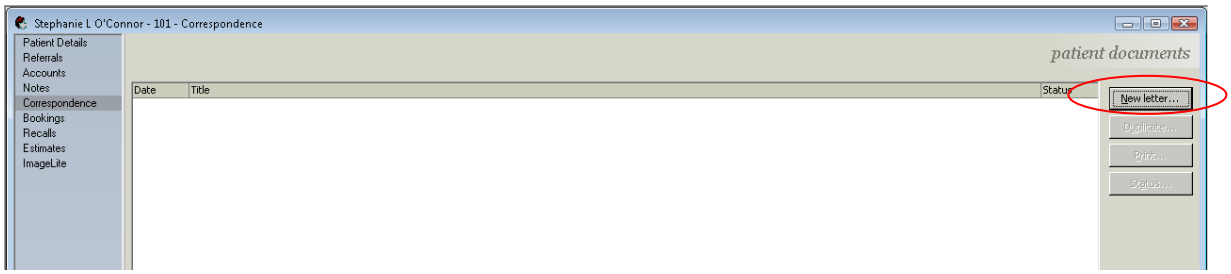
Correspondence

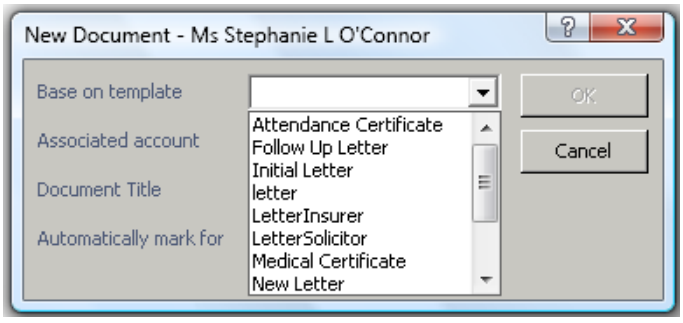
Typing a Medical Report for a patient



1. Select Correspondence from the left hand side Main Margin



2. Click on New Letter
3. Select the template from which the letter will be based (this has already been predefined within Blue Chip). Setup → Templates → WP



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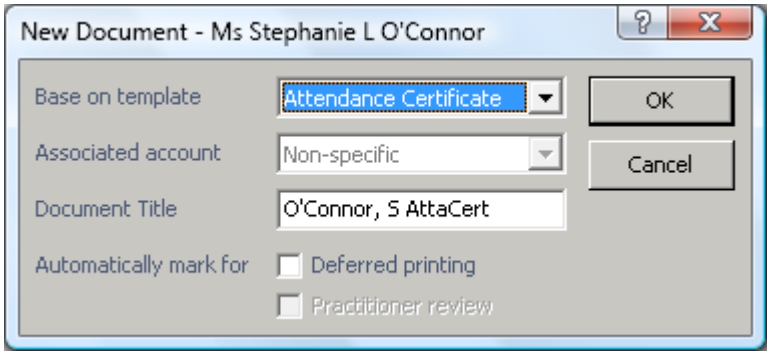
Letters can be associated to an account. This will enable account specific information (such as Insurer, Claim Number, Date of Injury etc) to be drawn into the document from within Blue Chip. It also provides access to the Practitioner for electronic review.



Type a suitable document title for future reference (this can be automatically inserted within Setup)

Select Deferred printing (optional and allows users to print all of the day's documents at a later time)

Select Practitioner review (optional and if associated with an account) if the practitioner wishes to electronically review the document before printing.

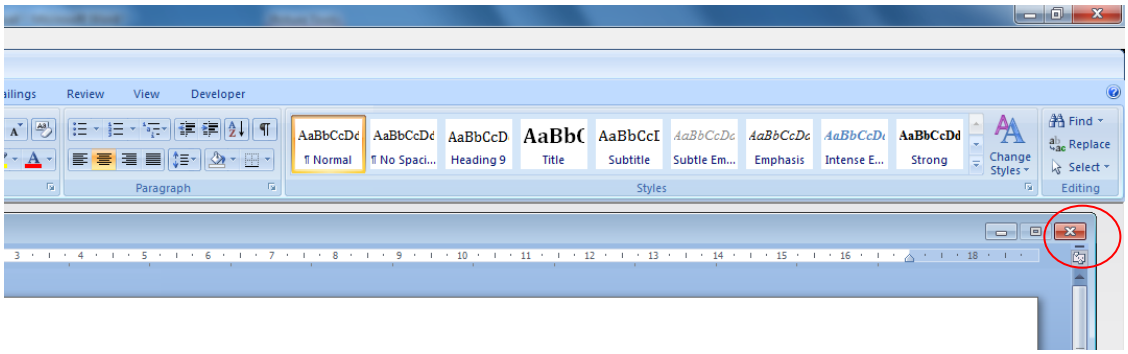
4. Click OK

At this point, Microsoft Word will open and the document content is able to be edited and added to. Any pre-defined fields (previously created within setup) is merged into the document (referral doctor's name and address for example) will automatically appear in the document.

Saving Letters

Hold [Ctrl] + [S] will save any unsaved work as will clicking the disc icon.

Clicking the X button to exit the document will prompt for saving if the document hasn't already been saved.



Printing Correspondence

Printing is only available from within the Blue Chip Correspondence Menu relating to that patient. By default, the Microsoft Word printing options have been disabled.

To print directly from a Patient's File

1. Select the item of correspondence and Click on Print
2. Select the path to the desired printer & Click OK

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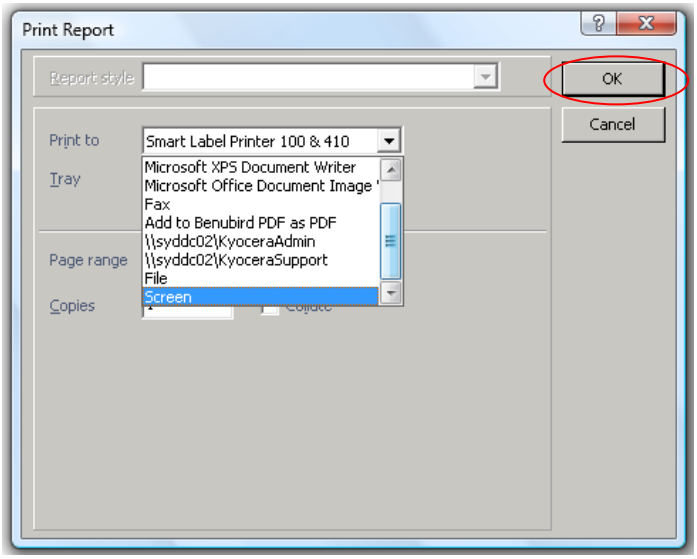
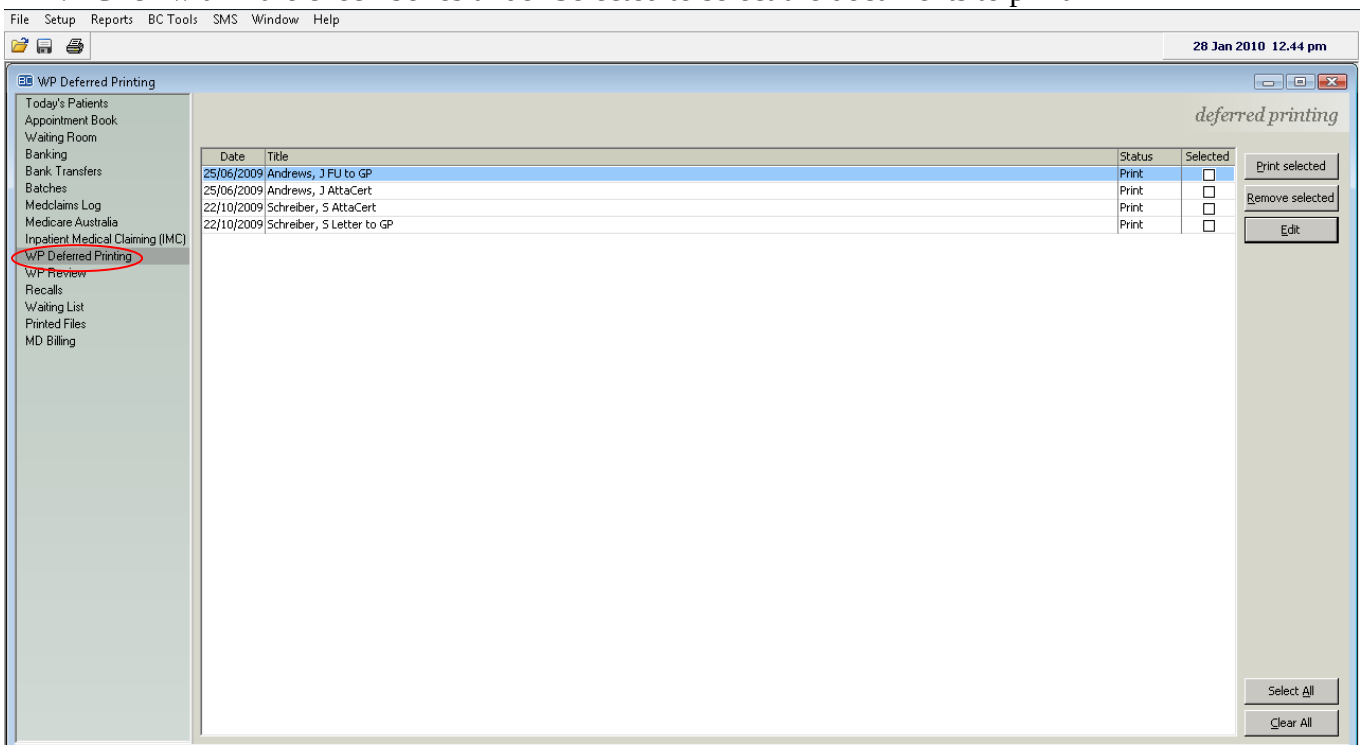


To print using Deferred Printing

Found when Practice Explorer view (F12) has been launched:

1. Select WP Deferred Printing from left hand side Main Margin.
2. Click within the check boxes under Selected to select the documents to print



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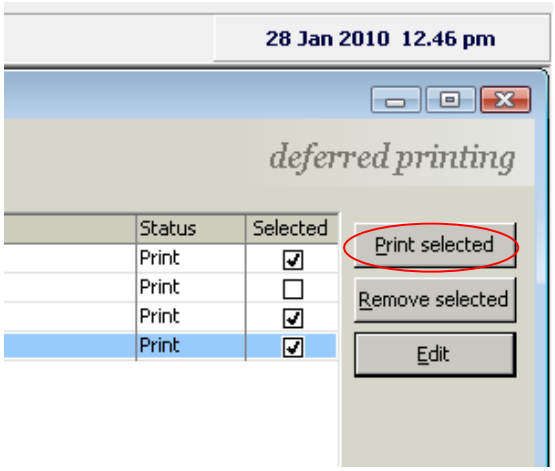
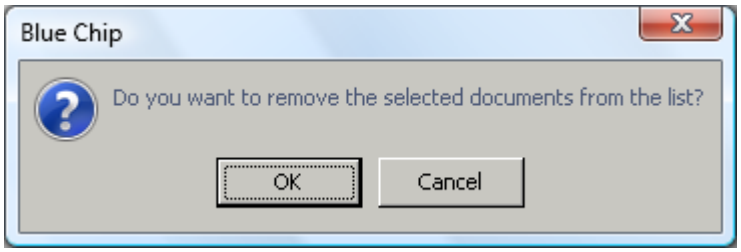
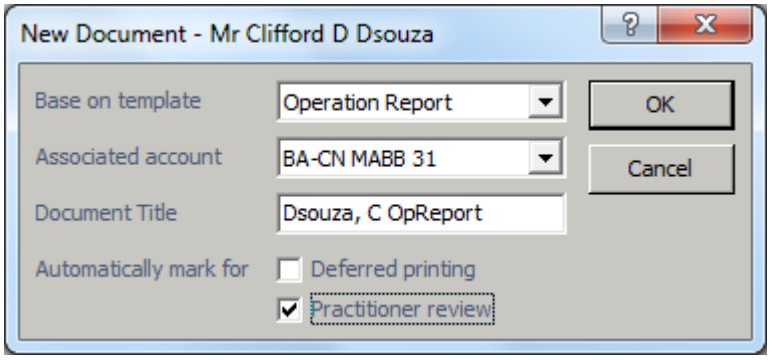


1. Click on Print selected button
2. Select the desired printer destination and Click OK
3. Reselect the items that were just printed
4. Click Remove selected button to remove the items from the print list



WP Review

This option will only function if a patient's account has been associated with the correspondence item.



From Practice Explorer (F12):

1. Select WP Review from left hand side Main Margin

Ensure the appropriate practitioner is selected

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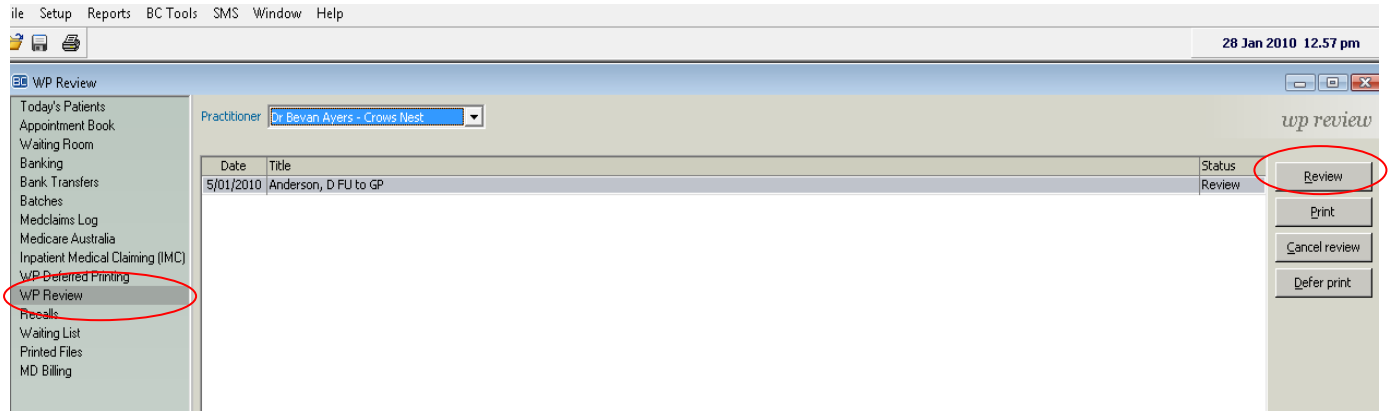

Click Review will open the document for editing. Closing the document will move the item to WP Deferred Printing.

Click Print to print immediately (without reviewing)

Click Cancel review to cancel printing the document altogether. The item remains in the patient's correspondence file.

Click Defer print to move the item to WP Deferred Printing without opening it.

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Banking

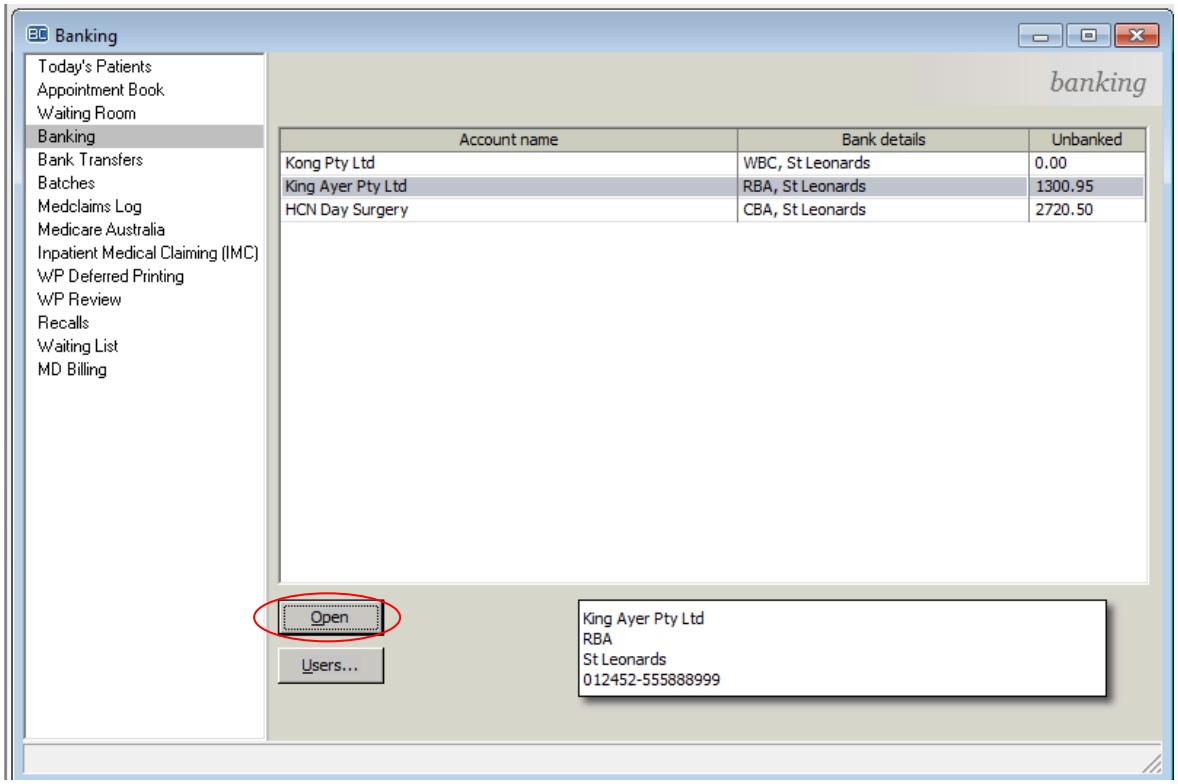
Is available when Practice Explorer (F12) is launched in the Menu Margin.

It is recommended that the Practice settle their Banking transactions on a regular basis irrespective of whether the Deposit Slips are used. Daily Settlements provide users with a foolproof process of ensuring that correct reconciliations are maintained, it is further recommended that daily takings are reconciled against your Day Sheet to ensure that your banking transactions are correct.

Settling your Blue Chip banking on a regular basis will help prevent small errors escalating into big errors at a later time.

Your EFTPOS machine (whether tyro (EFTPOS Auto) or bank (EFTPOS Manual) based) will provide a daily tally of transactions processed that day. It is far easier for a practice to reconcile on a daily basis when multiple staff are involved in the data entry, then to wait till the end of the week. The printing of settlement slips within Blue Chip is not necessary however, it is important and recommended that you settle the EFTPOS section of Blue Chip banking.

1. Cash and Cheque (Physical Banking)



2. Open the account to perform banking

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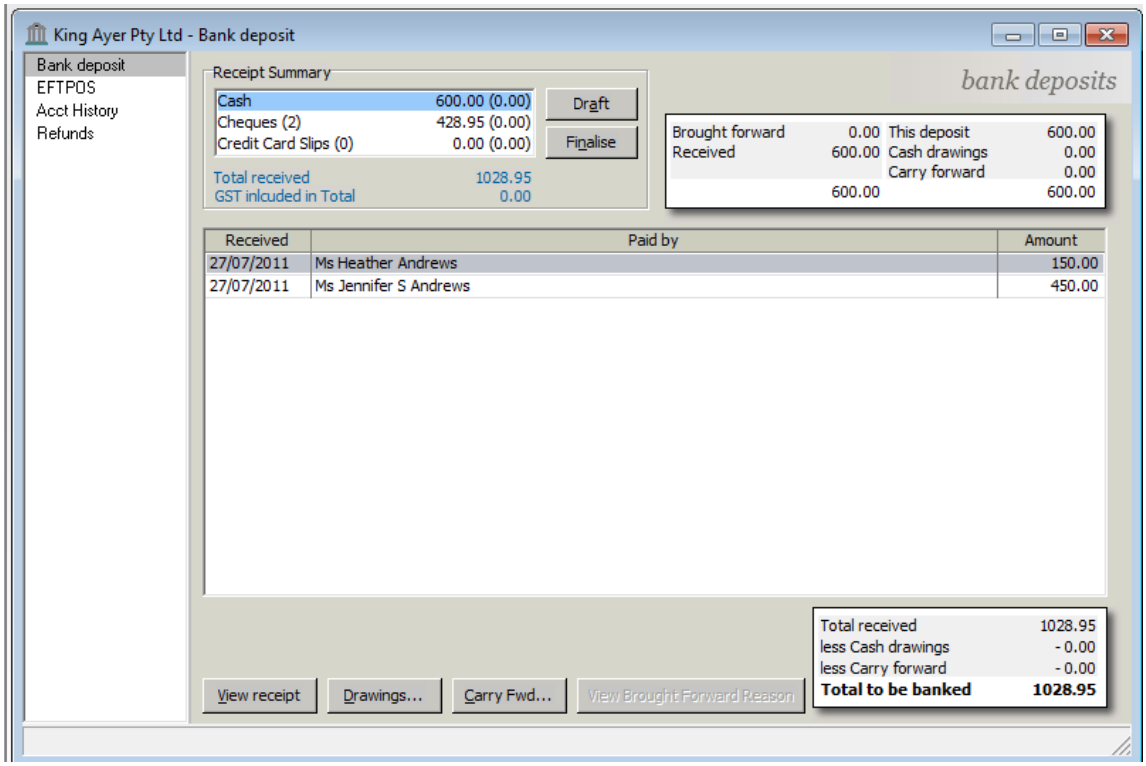

The amount represents the tactile (money you can touch including cheques) that will be deposited at the bank. This defaults to Cash and shows the cash transactions. By highlighting Cheque, the window below displays the associated Cheque transactions.

3. Click Draft to print a draft deposit slip
4. When satisfied, click Finalise to print the banking deposit slip and to reset the daily balances to zero

King Ayer Pty Ltd	Bank: **RBA**
Branch: **St Leonards**	A/C No: **012452 555888999**

Deposit Slip Summary

	Count	Amount ($)
TOTAL CASH	-	600.00
TOTAL CHEQUES	2	428.95
TOTAL CREDIT CARD SLIPS (C/C)	0	0.00
TOTAL BANKED		**$1028.95**

Deposit Slip Details (Note: Excludes cash receipt items. ** refers to adjusted items after banking.)

Date	Type	Drawer	Bank/Card	Branch/Details	Amount
27/07/2011	Cheq	Ms Heather Andrews	WBC	Crows Nest	26.65
27/07/2011	Cheq	Medibank Private	CBA	Melb	402.30

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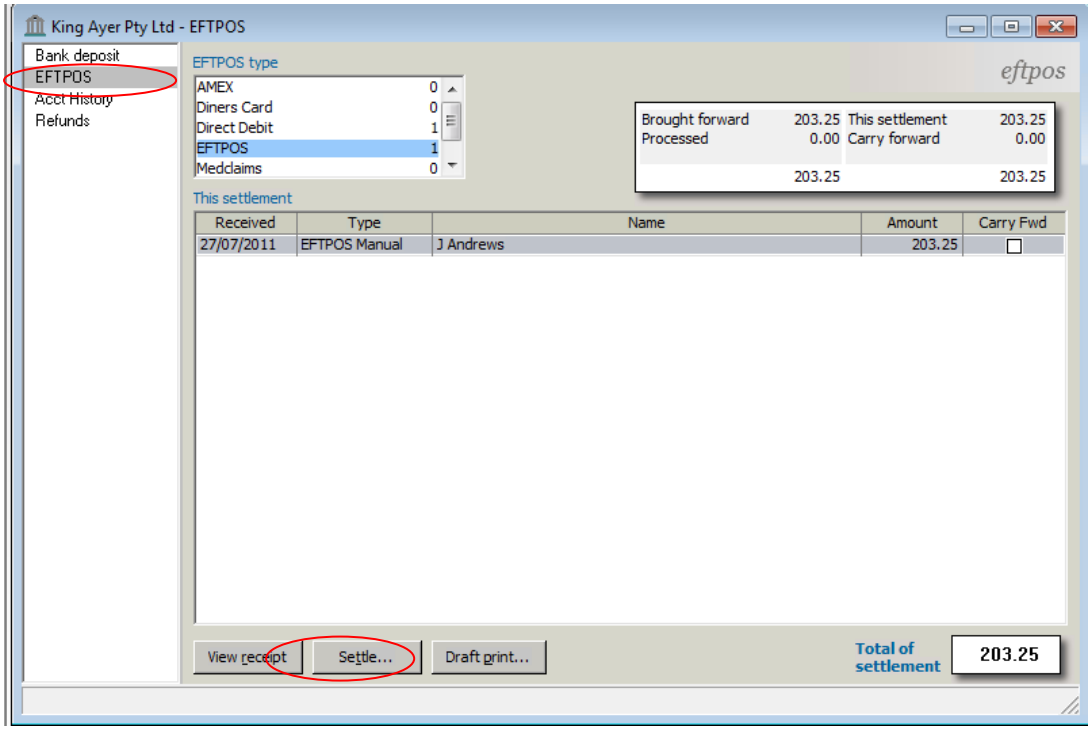
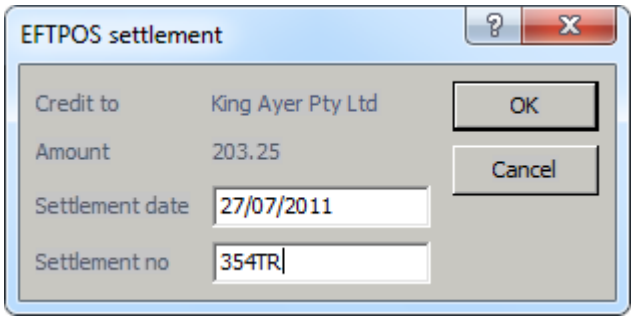
EFTPOS

1. Select EFTPOS in the Margin Menu.



All the EFTPOS transactions are listed in the settlement. (These will include EFTPOS Auto if you have a TYRO machine for Integrated EFTPOS)

2. Click the Settle Button to settle the days transaction



Enter the settlement number as printed on the EFTPOS terminal settlement summary (Not all machines have them).

The EFTPOS settlement summary will be printed to a nominated printing destination.

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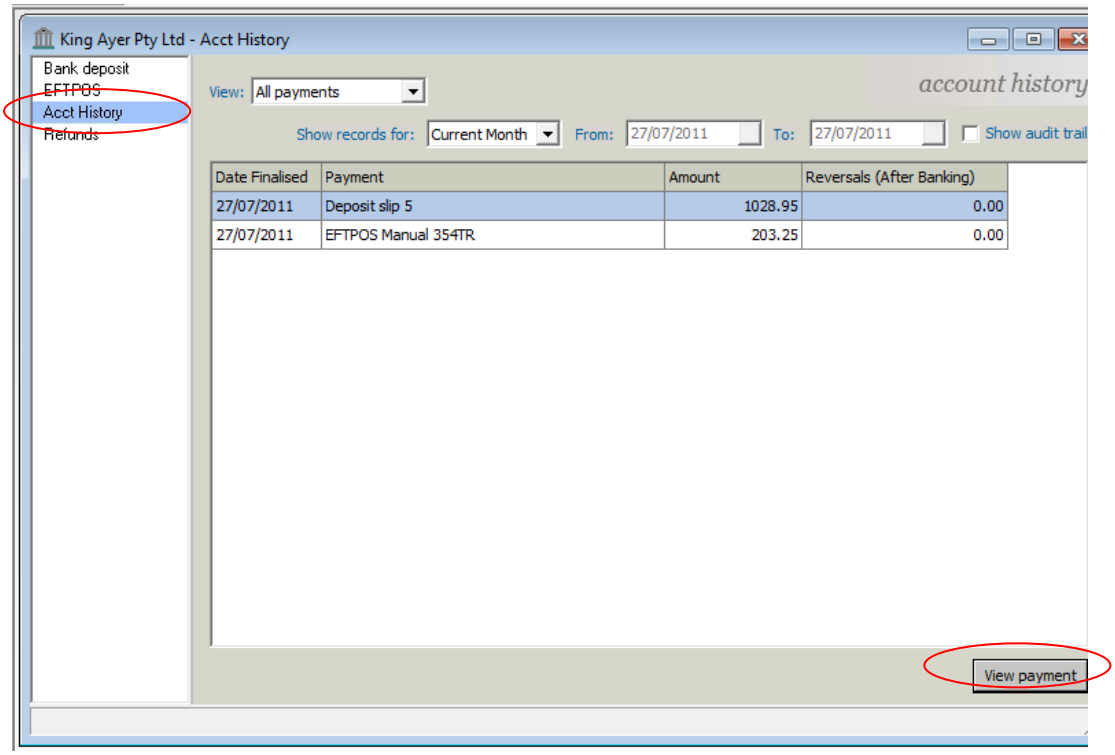
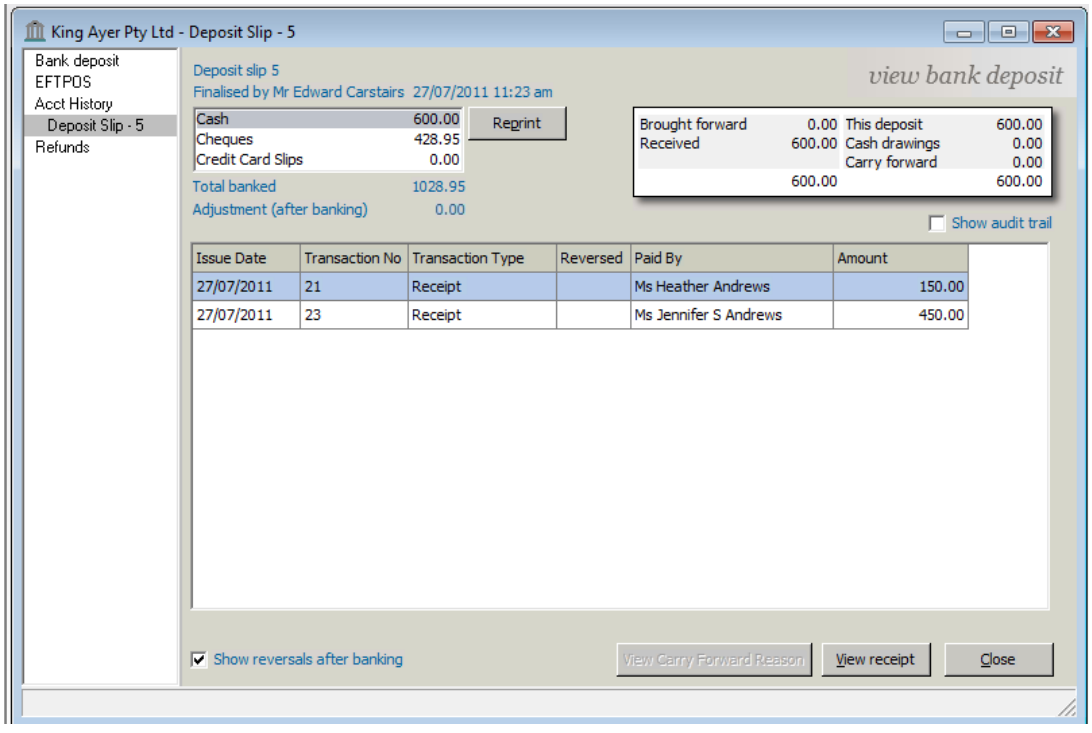
Account History



1. Select Acct History from Margin Menu to display all bank deposits and EFTPOS settlements recorded
2. Highlight the required entry
3. Click View Payment



View Receipt – Allows the user to view the receipt of the user and adjust it if required.

Print – Allows a duplicate receipt or bank deposit slip to be printed and it is marked as such.

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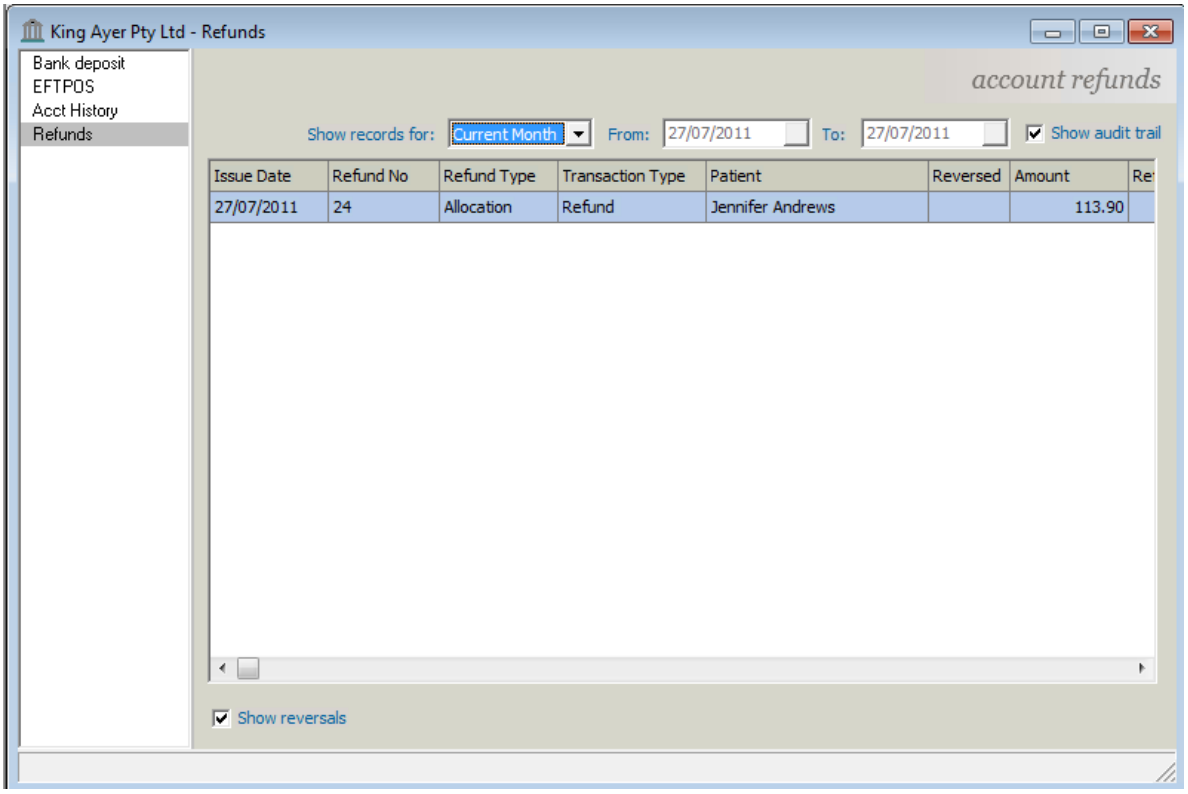
Refunds

Because a refund is performed after banking has been finalised, it does not change an issued invoice or receipt, nor does it change a day's takings. A refund is usually drawn from the practice's bank account, so this section has been included in the Banking Module. The Refund screen displays all refunds given in the current month by default. Not shown in the screen capture is the reason for the refund, who performed it, the date and time.



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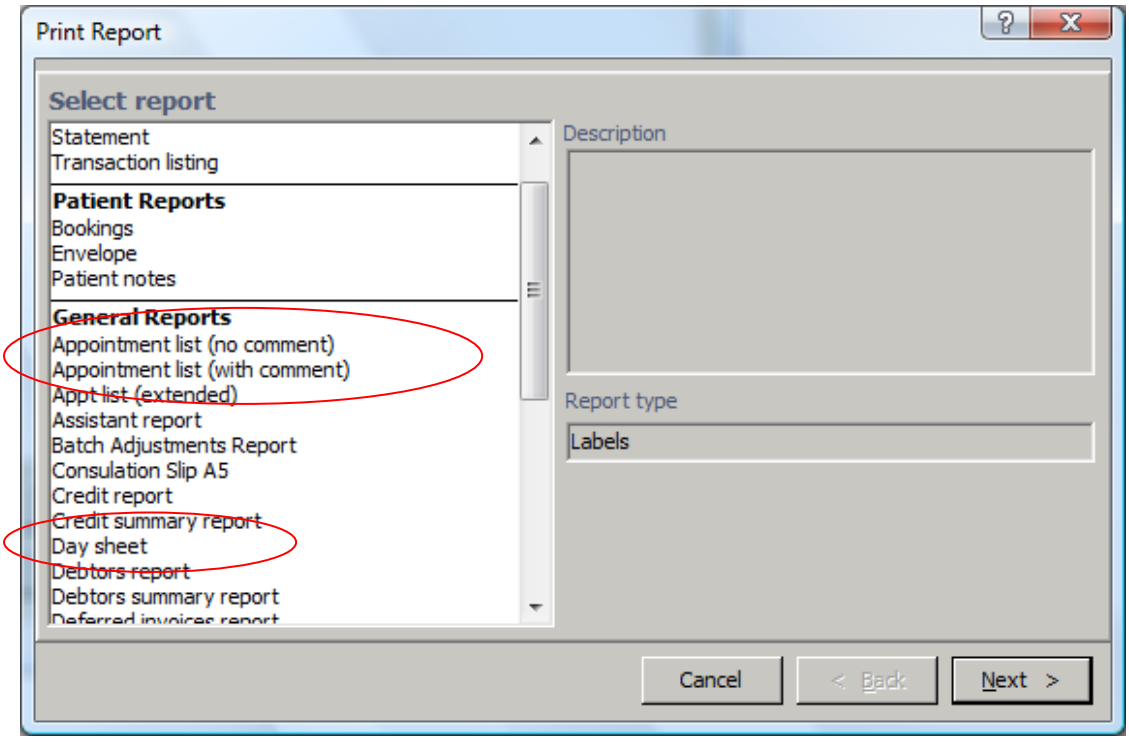
End of Day/Session Process

Medicare Australia electronic claims should be transmitted and checked daily to ensure that payments are processed promptly for reconciliation. Medicare Australia processes transactions seven days a week therefore it is possible that transmissions on a Friday may be paid by Monday. Not processing these transactions on a daily basis could make bank statement reconciliation more difficult.

No Shows or Did Not Attend (DNA) type letters should also be considered in the End of Day process to ensure the patients and referring doctors are kept informed, and to maintain the patient/practice legal requirements.

The complete list of Blue Chip reports (except Banking) are located by clicking on the printer icon found in the Blue Chip toolbar



We recommend the following reports to be printed at the end of each day to ensure that any discrepancies if they do arise can easily be identified and rectified.

Day's Appointment list (see Printing an Appointment List)

The Appointment List reflects who is expected to attend the practice today.

Either use the existing sheet printed at the beginning of the session (tally sheet) OR Print a fresh copy. Ensure that this new list reflects any 'walk-ins' or emergency appointments.

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Day Sheet

This is a transactional report that can be printed for (a) specific practitioner(s) and displays all transactions processed on the day. The report can display transactions based upon either entry date or issue date.

Surgical type invoices with an issue date in the past will appear on a Day Sheet report generated, based on the Issue date or the Entry date the invoice was keyed in.

The Day Sheet will reflect the following;

- Invoices created and issued or deferred or adjusted.
- Monies received for banking.
- Patient transactions, adjustments, deletions (section 2)
- Appointments made & cancelled (Section 3)
- Bank Deposit Slip: (See banking in this document)

What to do/Understand the Day Sheet

Invoices created – Section 1.

Cross check that all patients who appear on the appointment list or tally sheet have had an invoice created. The invoices are itemised and differentiated by their invoice number. The service date is included on the report enabling easy identification of 'catch up' invoices.

Invoices

Account Class	Issue Date	Patient Name	Invoice No	Transaction Type	Item No	Service Date	Amount (incl GST)	GST	Audit User Initials	Audit Date	Audit Reason
Private	27/07/2011	Anderson, David, Mr	57	Invoice	45867	27/07/2011	295.20	0.00	EC	27/07/2011	
imc	27/07/2011	Andrews, Fred, Mr	59	Invoice	32078	20/05/2011	209.30	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, Heather, Ms	54	Invoice	30061	27/07/2011	26.65	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	55	Invoice	104	27/07/2011	150.00	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	55	Invoice (Rev)	104	27/07/2011	(150.00)	0.00	EC	27/07/2011	Reversing Invoice
Private	27/07/2011	Andrews, John, Mr	58	Invoice (Adj)	105	27/07/2011	75.00	0.00	EC	27/07/2011	Replacing Invoice
Private	27/07/2011	MacDonald, Corrine, Ms	61	Invoice	30061	27/07/2011	26.65	0.00	EC	27/07/2011	
Private	27/07/2011	MacDonald, Corrine, Ms	61	Invoice	46513	27/07/2011	64.10	0.00	EC	27/07/2011	
Private	27/07/2011	Watts, Gregory, Mr	56	Invoice	105	27/07/2011	75.00	0.00	EC	27/07/2011	
Private	27/07/2011	Watts, Gregory, Mr	62	Invoice	32500	27/07/2011	124.60	0.00	EC	27/07/2011	
			Totals	Invoices			971.50	0.00			
				Invoices (Rev)			(150.00)	0.00			
				Invoices (Adj)			75.00	0.00			
							896.50	0.00			

Deferred Invoices created or updated – Section 2.

This section of the Day sheet lists the invoices that have been deferred or updated and deferred again.

Receipts and Credit Allocations – Section 3

Patients are listed alphabetically and the invoices and allocations are listed on the same line. The receipted amount is listed first, then invoices total.

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Account Class	Issue Date	Name	Receipt No	Transaction Type	Receipt Amount (incl GST)	Credit	Invoices	Disc	Audit User Initials	Audit Date	Audit Reason
Private	27/07/2011	Andrews, Heather, Ms	21	Receipt	176.65	0.00	176.65	0.00	EC	27/07/2011	
imc	27/07/2011	Andrews, Heather, Ms	22	Receipt	402.30	0.00	402.30	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, Jennifer S, Ms	23	Receipt	653.25	0.00	653.25	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	25	Receipt	150.00	0.00	150.00	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	25	Receipt (rev)	(150.00)	0.00	(150.00)	0.00	EC	27/07/2011	Allocated invoice i svc item
Private	27/07/2011	Watts, Gregory, Mr	26	Receipt	75.00	0.00	75.00	0.00	EC	27/07/2011	
Private	27/07/2011	Anderson, David, Mr	27	Receipt	295.20	0.00	295.20	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	25	Receipt	150.00	150.00	0.00	0.00	EC	27/07/2011	
Private	27/07/2011	Andrews, John, Mr	25	Receipt (rev)	(150.00)	(150.00)	0.00	0.00	EC	27/07/2011	wrong svc item
Private	27/07/2011	Andrews, John, Mr	28	Receipt (adj)	75.00	0.00	75.00	0.00	EC	27/07/2011	ReplacingReceip svc item
Private	27/07/2011	MacDonald, Corrine, Ms	29	Receipt	90.75	0.00	90.75	0.00	EC	27/07/2011	
			Totals	Receipt	1,993.15	150.00	1,843.15	0.00			
				Credit alloc	N/A	0.00	0.00	0.00			
				Receipt (Rev)	(300.00)	(150.00)	(150.00)	0.00			
				Receipt (Adj)	75.00	0.00	75.00	0.00			
					1,768.15	0.00	1,768.15	0.00			

Receipts by Payment Method – Section 4.

Receipts are listed in number order and itemised. The total in this section should equal the physical count of cash, cheques and EFTPOS takings for the day. If the totals don't balance,

ıyment Method

Payment Method	Issue Date	Receipt No	Transaction Type	Drawer / Payer	Bank / Card	Amount	User Initials	Entry Date	Audit Reason
Cash	27/07/2011	21	Receipt	Ms Heather Andrews		150.00	EC	27/07/2011	
Cheque	27/07/2011	21	Receipt	Ms Heather Andrews	WBC	26.65	EC	27/07/2011	
	27/07/2011	22	Receipt	Medibank Private	CBA	402.30	EC	27/07/2011	
Cash	27/07/2011	23	Receipt	Ms Jennifer S Andrews		450.00	EC	27/07/2011	
EFTPOS Manual	27/07/2011	23	Receipt	J Andrews	Mastercard	203.25	EC	27/07/2011	
Cash	27/07/2011	25	Receipt	Mr John Andrews		150.00	EC	27/07/2011	
	27/07/2011	25	Receipt (rev)	Mr John Andrews		(150.00)	EC	27/07/2011	Allocated invoice adj svc item
	27/07/2011	26	Receipt	Mr Gregory Watts		75.00	EC	27/07/2011	
EFTPOS Manual	27/07/2011	27	Receipt	d aNDERSON	VISA	295.20	EC	27/07/2011	
Cash	27/07/2011	25	Receipt	Mr John Andrews		150.00	EC	27/07/2011	
	27/07/2011	25	Receipt (rev)	Mr John Andrews		(150.00)	EC	27/07/2011	wrong svc item
	27/07/2011	28	Receipt (adj)	Mr John Andrews		75.00	EC	27/07/2011	ReplacingReceipt N svc item
EFTPOS Manual	27/07/2011	29	Receipt	Corrine Macdonald	Mastercard	90.75	EC	27/07/2011	
					Total:	1,768.15			

refer back to Section 3 to check for discrepancies. Take special note of adjustments and cross check that the final invoice/receipt is the correct outcome.

Write offs & Refunds – Section 5.

These 2 areas list the write offs and refunds performed in the day. A write off may correspond to an invoice created that day. A refund will almost certainly correspond to a transaction from a previous Banking period.

Write-offs

Account Class	Issue Date	Name	Write off No	Transaction Type	Write-off Type	Write-off Amount	Invoice No	Service Item	Alloc amount	User Initials	Entry Date	Audit Reason
Private	27/07/2011	Watts, Gregory, Mr	30	Write-off	Bad Debt	124.60	62	32500	124.60	EC	27/07/2011	EC: Leg amputate
				Totals					124.60			

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Class	Issue Date	Transaction Type	Refund No	Refund Type	Name	Refund Amount	Invoice/ Receipt No	Service Item	Alloc amount	User Initials	Entry Date	Audit Reason
Private	27/07/2011	Refund	24	Allocation	Andrews, Jennifer S, Ms	113.90	43	51300	94.00	EC	27/07/2011	Procedure not s
Private	27/07/2011	Refund	24	Allocation	Andrews, Jennifer S, Ms	113.90	43	32075	19.90	EC	27/07/2011	Procedure not s
			Totals	Credit					0.00			
				Allocation					113.90			

If any errors have been made, correct them before banking has been settled. If required, print off another day sheet after corrections have been made to ensure all figures add up; then settle the banking.

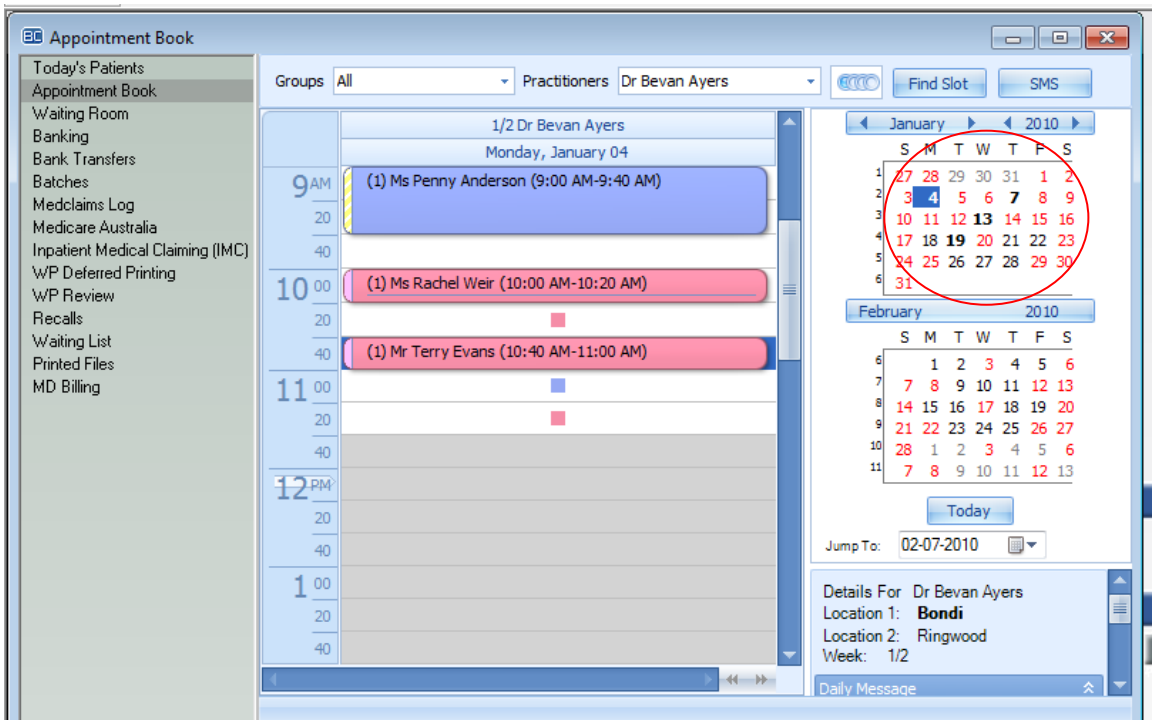
The day's appointments – Section 6

The last table on the day sheet lists the appointments made during the day (regardless of when the appointment is actually for) and lists any cancellations received. There are additional reports available under BC Reporter that can display statistical information on appointments not found in the reporting module.

Appointments

Prior to ending the day, the next session's appointment list can be printed off.

Printing an Appointment List



1. Forward to the required day using the Calendar control.

2. Click the printer icon, to bring up the reports screen.

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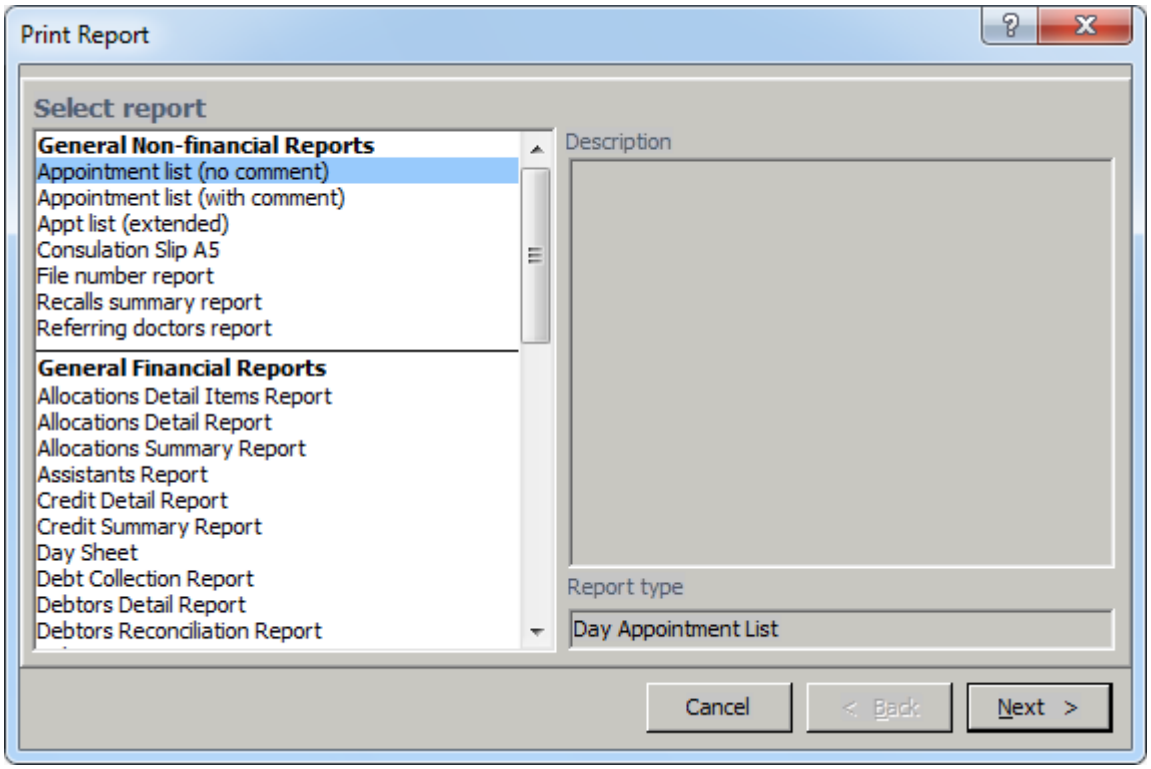
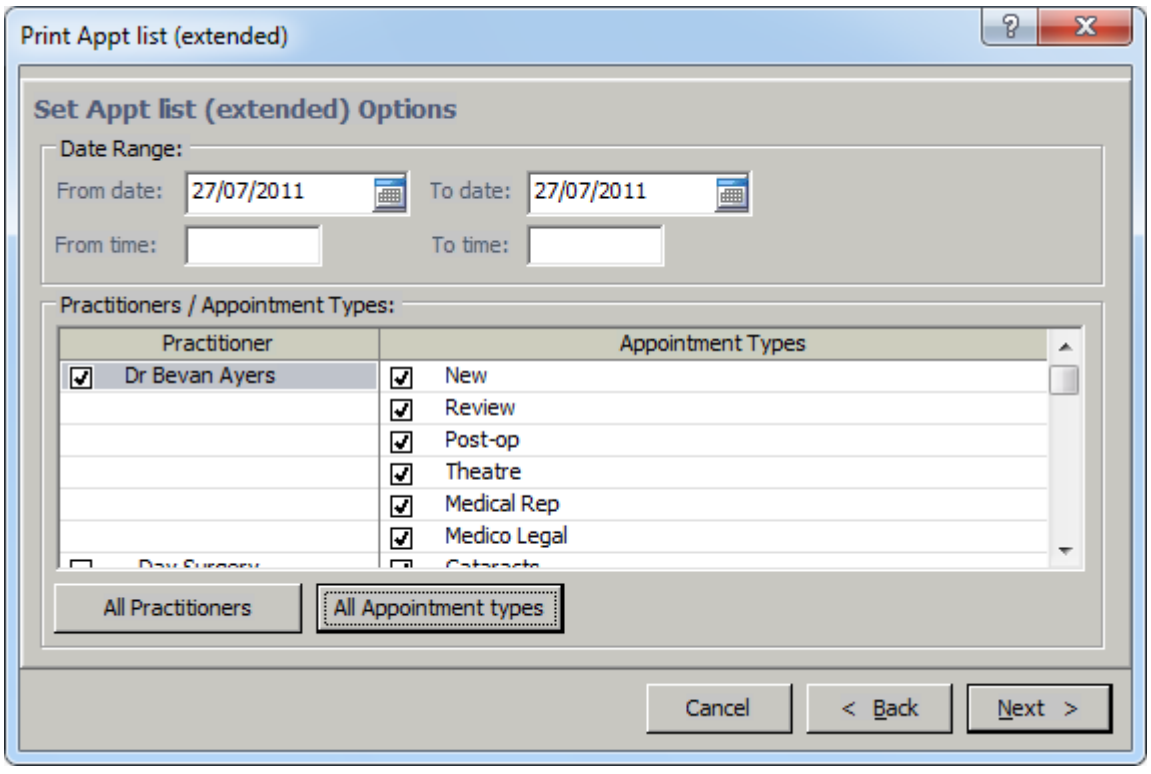


3. Select the type of Appointment list for the required day.



4. Select the practitioner and appointment types (or choose select all). Set the date to the required date (be sure to set the end date first-see below for the preferred format).

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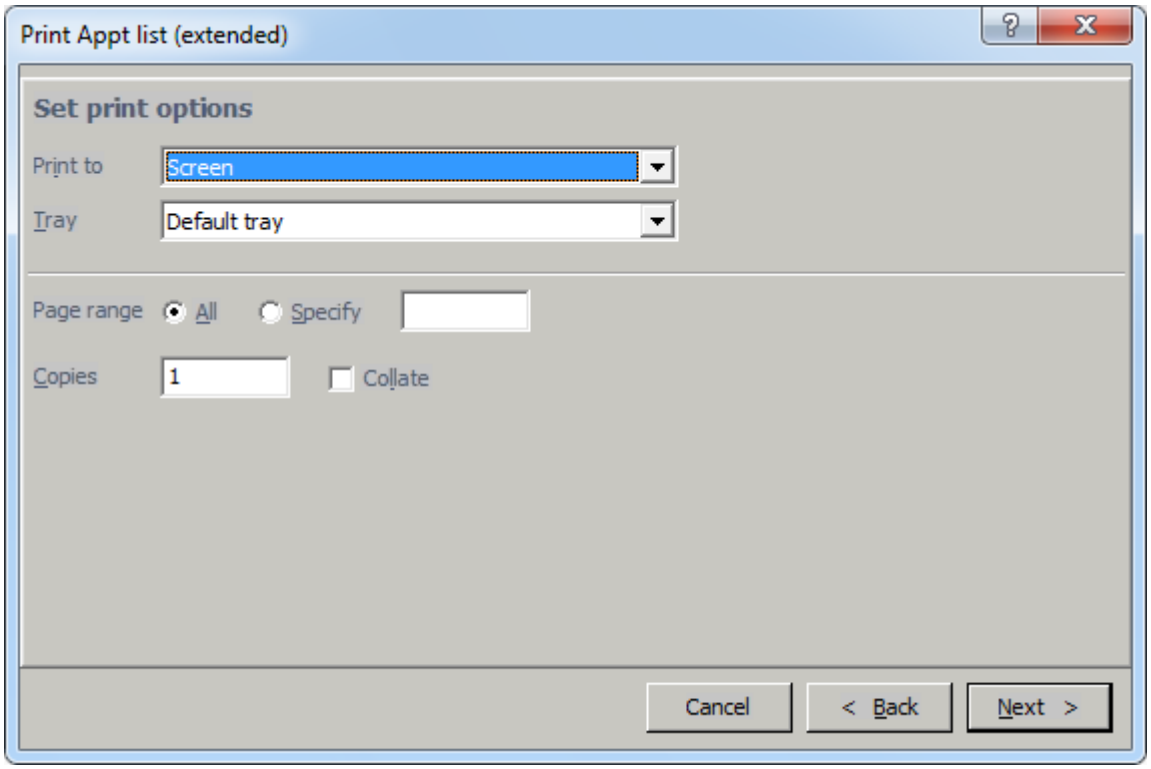

5. Set the printer destination
6. The printout of the Appointment List can be used to remind patients of their appointment.

Dr Bevan Ayers
Wednesday 27/07/2011

Appt. Time	*Appt. Type* ☑ When Arrived	*Patient & DOB (& Ref Dr name)*	*Duration*	*Phone No (& alt Tel no.)*	*File No*
7:00 am	Thtr ☐	**Katrina Slazenger DOB** 23/12/1971 *Ref Dr:*	60		86
8:00 am	Thtr ☐	**Ms Heather Andrews DOB** 12/05/1963 *Ref Dr:*	60	9845 1234	51
9:00 am	Thtr ☐	**Mr Lachlan J O'Connor DOB** 4/09/1995 *Ref Dr: Dr Vivian Mortier 20/07/2011 12 months*	60	08 9586 4174	97
10:20 am	Rev ☐	**Ms Papacosta X Tamara DOB** 13/12/1930 *Ref Dr:*	20	9467 6663 9467 6663	1
10:40 am	Rev ☐	**Mr Simon Simpleton DOB** 5/08/1987 *Ref Dr:*	20	9789 4545	82

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